

SCHEDULE OPTION FORM

Please complete one schedule option form for each child enrolling.

Family Name: _____

Address: _____

City/State/Zip: _____

Mother's Name: _____ Father's Name: _____

Home Phone-Mother: _____ Home Phone-Father: _____

Work Phone-Mother: _____ Work Phone-Father: _____

Child's Name: _____ Date of Birth: _____

Grade (as of 8/30/10): _____

Please mark each day you wish to contract PAL services with an "x". Only additions may be made after May 31, 2010. Payment is required for all contracted days unless a vacation credit is used.

Month	Monday	Tuesday	Wednesday	Thursday	Friday	Office Use Only Weekly Rate
June	14 th	15 th	16 th	17 th	18 th	
June	21 st	22 nd	23 rd	24 th	25 th	
June/July	28 th	28 th	30 th	1 st	2 nd	
July	5 th PAL Closed	6 th	7 th	8 th	9 th	
July	12 th	13 th	14 th	15 th	16 th	
July	19 th	20 th	21 st	22 nd	23 rd	
July	26 th	27 th	28 th	29 th	30 th	
August	2 nd	3 rd	4 th	5 th	6 th	
August	9 th	10 th	11 th	12 th	13 th	
August	16 th	17 th	18 th	19 th	20 th	
August	23 rd	24 th	25 th	26 th	27 th	
Drop In						

I have read and I understand the PAL policies and fees. I understand that I am entitled to two vacation days. I understand that I am financially responsible for all contracted days. I understand that failure to comply with all policies and fees may result in not being able to use PAL services.

Sign, date, and return with the family registration fee.

Parent/Guardian Signature: _____ Date: ____/____/____

PAL Director Signature: _____ Date: ____/____/____