



EXTENDED DAY PROGRAM (EDP)

Two week scheduling form

I will need the Extended Day Program for my child, _____

Week ONE starts

Monday _____

AM HOURS

Monday _____ to _____ a.m.

Tuesday _____ to _____ a.m.

Wednesday _____ to _____ a.m.

Thursday _____ to _____ a.m.

Friday _____ to _____ a.m.

total a.m. hours above: _____

PM HOURS

Monday _____ to _____ p.m.

Tuesday _____ to _____ p.m.

Wednesday _____ to _____ p.m.

Thursday _____ to _____ p.m.

Friday _____ to _____ p.m.

total p.m. hours above: _____

TOTAL HOURS WEEK ONE _____



Week TWO starts

Monday _____

AM HOURS

Monday _____ to _____ a.m.

Tuesday _____ to _____ a.m.

Wednesday _____ to _____ a.m.

Thursday _____ to _____ a.m.

Friday _____ to _____ a.m.

total a.m. hours above: _____

PM HOURS

Monday _____ to _____ p.m.

Tuesday _____ to _____ p.m.

Wednesday _____ to _____ p.m.

Thursday _____ to _____ p.m.

Friday _____ to _____ p.m.

total p.m. hours above: _____

TOTAL HOURS WEEK TWO _____

TOTAL HOURS OF THE TWO WEEKS _____ x \$3.50 =

Parent's Signature: _____