

New Dream Family Center

1295 West 18th Street, 344-1905

Schedule Request

Child's Name: _____

Parent's Name: _____

Classroom: _____

Month: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						

	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
In						
Out						

Monthly Hours Total:	
Classroom Rate:	
Sub Total:	
Less Discount:	
Amount Due:	

This schedule is what I need and agree to pay for. I understand that I may add but not subtract time, for which I will be billed additionally.

Signature: _____

Date: _____