

Parents Schedule

List course name, building and room number

	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 - 8:00					
8:00 - 9:00					
9:00 - 10:00					
10:00 - 11:00					
11:00 - 12:00					
12:00 - 1:00					
1:00 - 2:00					
2:00 - 3:00					
3:00 - 4:00					
4:00 - 5:00					
5:00 - 6:00					
6:00 - 7:00					

Do you wish to be called from class for minor accidents?

Yes No Some (please specify) _____

c:\childcar\10?infocard\ln/1-10

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