

SCHEDULE OPTION FORM

Please complete one schedule option form for each child enrolling.

Family Name: _____

Address: _____

City/State/Zip: _____

Parent 1 Name: _____ Parent 2: _____

Home Phone- _____ Home Phone- _____

Work Phone- _____ Work Phone- _____

Child's Name: _____ Date of Birth: _____

Email _____

Grade (as of 08/31/17): _____

Please mark each day you wish to contract PAL services with an "x". Payment is required for all contracted days.

Month	Monday	Tuesday	Wednesday	Thursday	Friday	Office Use Only Weekly Rate
June	12th PAL Closed	13th PAL closed	14th	15th	16th	
June	19th	20th	21st	22nd	23rd	
June	26th	27th	28th	29th	30th	
July	3rd PAL closed	4th PAL closed	5th	6th	7th	
July	10th	11th	12th	13th	14th	
July	17th	18th	19th	20th	21st	
July	24th	25th	26th	27th	28th	
July/August	31st	1st	2nd	3rd	4th	
August	7th	8th	9th	10th	11th	
August	14th	15th	16th	17th	18th	
August	22nd PAL closed	23rd PAL closed	24th PAL closed	25th PAL Closed	26th PAL Closed	
Drop In						

I have read and I understand the PAL billing procedures and fee policies. I understand that I am financially responsible for 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: ____/____/____