

CCS After School Child Care Sign Up Sheet

Student's Name _____

Grade _____ Allergies _____

Week of _____

Monday	Tuesday	Wednesday	Thursday	Friday
Pick up by: ____ 4:00 pm ____ 5:00 pm ____ 5:30 pm	Pick up by: ____ 4:00 pm ____ 5:00 pm ____ 5:30 pm	Pick up by: ____ 3:00 pm ____ 4:00 pm ____ 5:00 pm ____ 5:30 pm	Pick up by: ____ 4:00 pm ____ 5:00 pm ____ 5:30 pm	Pick up by: ____ 4:00 pm ____ 5:00 pm ____ 5:30 pm

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