Please circle the days that your child(ren) *will* attend in each session:

This schedule will be preliminary. You will have an opportunity to finalize the schedule on the 15th of the month prior

(You will be invoiced for each session on the 20th of the month prior)

June Session

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	14	15	16	17	18	
	21	22	23	24	25	
	28	29	30			

Total number of days: _____

July Session

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
				1	2	
	5	6	7	8	9	
	12	13	14	15	16	
	19	20	21	22	23	
	26	27	28	29	30	

Total number of days: _____

August Session

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	2	3	4	5	6	
	9	10	11	12	13	
	16	17	18	19	20	

Total number of days: _____