

CHILD'S NAME: _____

If your child needs to arrive before 8:40am or be picked up after 4:00, what CSF site would you like to utilize during the times that SAMS is not operational at Rosenwald? Berkeley Glenn William Perry Westwood

Please circle the days you wish your child(ren) to attend

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday
June 11-15 Payment Due: <i>upon registration.</i> <i>No changes/refunds</i> <i>after May 18</i>	11	12	13	14	15
June 18-22 Payment Due: 6/1	18	19	20	21	22
June 25 - 29 Payment Due: 6/8	25	26	27	28	29
July 2-6 Payment Due: 6/15 (\$65 for this week)	2	3		5	6
July 9-13 Payment Due: 6/22	9	10	11	12	13

Week of:	Monday	Tuesday	Wednesday	Thursday	Friday
July 16 - 20 Payment Due: 6/29	16	17	18	19	20
July 23- 27 Payment Due: 7/6	23	24	25	26	27
July 30-Aug 3 Payment Due: 7/13	30	31	1	2	3
August 6-10 Payment Due: 7/20	6	7	8	9	10
August 13-17 Payment Due: 7/27	13	14	15	16	17

Parent's Signature _____

Date _____

Please be aware that this is a tentative schedule.

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