



**Kaweah Delta
 Health Care District**
Where technology and compassion come together.

**Kaweah Kids Center
 CHILDREN'S CHILD CARE SCHEDULE**

PLEASE COMPLETE AND RETURN TO THE CENTER STAFF. FAX : 559-635-6234

Child's Name _____ Classroom _____ Date: _____

In order to ensure space, schedules are due on Thursday by 9:00 am. The scheduling period is in effect the following Monday through Friday. If your schedule is not turned in by Thursday at 9:00am we will have to refuse care if we do not have adequate staff when you arrive unexpectedly. The parent will be responsible for payment using payroll deduction or monthly billing.

WEEK # 1

Date	Day	Time
_____	Monday	_____
_____	Tuesday	_____
_____	Wednesday	_____
_____	Thursday	_____
_____	Friday	_____

WEEK # 2

Date	Day	Time
_____	Monday	_____
_____	Tuesday	_____
_____	Wednesday	_____
_____	Thursday	_____
_____	Friday	_____

WEEK # 3

Date	Day	Time
_____	Monday	_____
_____	Tuesday	_____
_____	Wednesday	_____
_____	Thursday	_____
_____	Friday	_____

WEEK # 4

Date	Day	Time
_____	Monday	_____
_____	Tuesday	_____
_____	Wednesday	_____
_____	Thursday	_____
_____	Friday	_____

Parent agrees to responsibility for hours reserved.

Parent's signature _____