

Robson After School Care: Flexible Monthly Schedule Enrollment Form

Flexible Monthly Schedules: Please indicate your child's requested monthly schedule.

Month: _____

| WEEK | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|--------|---------|-----------|----------|--------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

(please indicate your child's enrollment dates)

I understand and agree with The RASC Rates and Payment policy

(Signed)

(Date)

(Staff approval & date)

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