

Varied Attendance Calendar

Please indicate the days your child will attend our program by using an “X”. This calendar should be turned in before the first day of the month.

Child(ren)’s Name(s): \_\_\_\_\_ Site/Group: \_\_\_\_\_ Month: \_\_\_\_\_

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Dates: _____					
Week 2					
Dates: _____					
Week 3					
Dates: _____					
Week 4					
Dates: _____					
Week 5					
Dates: _____					