

Early Childhood Demonstration Center

Schedule Request Form

Student _____ D.O.B. _____

Anticipated Start Date _____ | Classroom (circle one): **Gold Owls** **Brown Owls**

Please select one of the following options and provide your anticipated pick up & drop off times.
Return this form with your child's enrollment application.

Drop Off Hours: *Pick Up Hours:*
 Gold Owls: 7:30-8:30 AM Half Day- 12:00-12:30 PM
 Brown Owls: 7:30- 8:50 AM Full Day- 2-5:00 PM

Daily (1-4 days a week)

Monday		Tuesday		Wednesday		Thursday		Friday	
<input type="checkbox"/>	Does not attend	<input type="checkbox"/>	Does not attend	<input type="checkbox"/>	Does not attend	<input type="checkbox"/>	Does not attend	<input type="checkbox"/>	Does not attend
<input type="checkbox"/>	Full Day	<input type="checkbox"/>	Full Day	<input type="checkbox"/>	Full Day	<input type="checkbox"/>	Full Day	<input type="checkbox"/>	Full Day
<input type="checkbox"/>	Half Day	<input type="checkbox"/>	Half Day	<input type="checkbox"/>	Half Day	<input type="checkbox"/>	Half Day	<input type="checkbox"/>	Half Day
<input type="checkbox"/>	Hourly*	<input type="checkbox"/>	Hourly*	<input type="checkbox"/>	Hourly*	<input type="checkbox"/>	Hourly*	<input type="checkbox"/>	Hourly*
Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up	Drop Off	Pick Up

**Roman University students only.*

These are my desired days, but I could be flexible if needed.

Full Time (5 days a week)

<input type="checkbox"/> Full Day	
<input type="checkbox"/> Half Day	
Drop Off	Pick Up

By signing this form, I understand that this form does not guarantee my child will receive the requested schedule as approval is based on space availability is limited, is processed first-come first-served, and may need to be reviewed by the Director.

Print Name _____

Signature _____

Date _____