

SAFE Schedule for Classroom Teacher

Child's Name: _____

Teacher: _____

Start Date of "SAFE Program": _____

My child will attend the SAFE Program on the following days.

Please circle what applies to child's schedule for SAFE.

| | | | |
|-----------------|-------|---------|---------|
| Monday – Friday | AM/PM | AM Only | PM Only |
| Monday | AM/PM | AM Only | PM Only |
| Tuesday | AM/PM | AM Only | PM Only |
| Wednesday | AM/PM | AM Only | PM Only |
| Thursday | AM/PM | AM Only | PM Only |
| Friday | AM/PM | AM Only | PM Only |

Parent Signature: _____ Date: _____