

SAFE Schedule for Classroom Teacher 2019-2020

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: _____