



# Child Development Center

SEMESTER: FALL/WINTER/SPRING/SUMMER 20\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PARENT CELL PHONE NO.: \_\_\_\_\_

PARENT HOME NUMBER.: \_\_\_\_\_

## CLASS/WORK SCHEDULE

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

# of Units Enrolled \_\_\_\_\_ Day classes \_\_\_\_\_ Night classes (7-10) \_\_\_\_\_ Banner ID#: \_\_\_\_\_

**\*\* Please put bldg. & room no. or exact location where you can be located. \*\***

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
6:30-7:00 am					
7:00-7:30 am					
7:30-8:00 am					
8:00-8:30 am					
8:30-9:00 am					
9:00-9:30 am					
9:30-10:00 am					
10:00-10:30 am					
10:30-11:00 am					
11:00-11:30 am					
11:30-12:00 pm					
12:00-12:30 pm					
12:30-1:00 pm					

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**\*\* Please put bldg. & room no. or exact location where you can be located. \*\***

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1:00-1:30 pm					
1:30-2:00 pm					
2:00-2:30 pm					
2:30-3:00 pm					
3:00-3:30 pm					
3:30-4:00 pm					
4:00-4:30 pm					
4:30-5:00 pm					
5:00-5:30 pm					
5:30-6:00 pm					
6:00-6:30 pm					
6:30-7:00 pm					