



SCHEDULE AVAILABILITY FORM

Child Name: _____

Parent Name: _____

Vacation Dates (next 6 months): _____

Address: _____ City: _____ State: _____ Zip Code: _____

GENERAL AVAILABILITY

Place an "X" below for times when your child is NOT available.

Please include times such as naps, school, outside providers, so the times WITHOUT the "X's" reveal the time your child IS AVAILABLE for session.

	<u>MON</u>	<u>TUES</u>	<u>WED</u>	<u>THURS</u>	<u>FRI</u>
8:00					
8:30					
9:00					
9:30					
10:00					
10:30					
11:00					
11:30					
12:00					
12:30					
1:00					
1:30					
2:00					
2:30					
3:00					
3:30					
4:00					
4:30					
5:00					
5:30					
6:00					
6:30					
7:00					
7:30					

TOP 3 PREFERRED TIME SLOTS:

1. _____

2. _____

3. _____ \