



Schedule of Care

Child's Name _____ Date of Birth _____
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Please supply email and phone number you would prefer to be contacted:

Mom/or Guardian Name: _____
Mom/or Guardian Phone: _____ Cell/Work/Home
Mom/or Guardian Email: _____

Dad/or Guardian Name: _____
Dad/or Guardian Phone: _____ Cell/Work/Home
Dad/or Guardian Email: _____

Circle School Program child is attending if needed:

Clarendon Rolling Hills Section Eagleville

_____ My child will be on a rotating schedule each week. (Schedules are due by the Wednesday of the prior week)

Type of Care Needed- Circle Days Needed:

*** Chapman Blvd**

*** Days and Times** M T W TH F Hours _____ to _____

***A.M. Bus from main center to** Clarendon Rolling Hills Section

***School Program** M T W TH F Before After Before and After

We want to let you know that Kids Connection is engaging in Social Media platforms like Facebook, Instagram and HiMama. We hope to share the progress that the school and our kids have achieved through this platform so that you could also see how happy and great they are at their numerous activities.

_____ I **DO NOT** give Kids Connection permission to use my child's picture in social media or other advertising publications