

Expected Weekly Schedule



Please indicate your child(ren)'s expected schedule, along with drop-off and pick-up times for Camp Trinity as it will assist us in our planning and keeping licensing ratios.

Families will still only be charged for days they attend

Camp Trinity. Changes can be made to your regular schedule, assuming we can accommodate your request keeping teacher-child ratios. If you need to add any additional days of care not noted on the schedule provided below, you **MUST** contact our Camp Supervisor *or* Assistant Supervisors prior to your arrival at Trinity for care to make sure we can accommodate the change. Camp Trinity will not receive children for drop-off care if we do not have prior knowledge of their attendance and lack the capacity to accept the child(ren) based on teacher-child ratios. We will do our best to accommodate any schedule changes.

Child's Name: _____

Expected Daily Drop-off Time: _____

Expected Daily Pick-up Time: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Please indicate with an 'X' which days you expect your child to attend Camp Trinity					

Dates of any planned absences/vacations: _____

Signature _____ Date _____