

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

Grade:

\_\_\_\_\_ School\_\_\_\_\_

Phone number & Email \_\_\_\_\_

How will he/she be getting TO school from early room:

How will he/she be getting TO late room from school:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Early Room Late Room					
	Early Room Late Room					
	Early Room Late Room					
	Early Room Late Room					
	Early Room Late Room					

Directions:

- 1. Fill out Child's information
- 2. Circle "Early Room"/"Late Room" on the calendar days you will be using one or both.
- 3. Turn in to Judy Sare by the 1st of each month
- 4. Let the school know of any changes

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