

Sikora Montessori



Student Schedule Date of Enrollment & Discharge

Child's Name: _____

Schedule:

Please check **ONE** choice per child

- Five (5) Full Days
- Three (3) Full Days M, T, W, Th, F (Circle your child's three days each week. Must remain the same for a consistent schedule of the same three days each week)

Parent Signature: _____ Date: _____

For Office Use:

Date of Enrollment: ___/___/___ Date of Discharge: ___/___/___