Everest Academy of Lemont, Inc.

Extended School Care Program

Weekly/Monthly Services Needed Form

Family Name: _____ _____

Week/Month of:_____

		Before School Care *- 7am-7:45am* *Please indicate Start/End times for each day needed*					***After School Care*** *- 3pm-5:00pm (Wed 2pm-5:00pm)* *Please indicate Start/End times for each day needed*				
Student Name	Grade	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Wed	Thu	Fri