SDSU Children's Center Contracted Schedule of Hours

LAST PICK UP: Mon-Thur 5:20 PM, Fri 3:50 PM

Child's First and Last Name: _____ **Effective Date(s):** _____

Program (Check One): ☐ Academic Year ☐ Summer ☐ Year Round **Classroom:** _____

SDSU Affiliated Family: ☐ Student ☐ Funded Student ☐ SDSU Faculty ☐ SDSU Staff **Non-Affiliated Family:** ☐ SDSU Alumni ☐ Community

If student or funded student checked, please submit your class schedule to verify your student status each semester.

If your status has changed from Non-Affiliated to Affiliated or from Affiliated to Non-Affiliated, please let the front desk know immediately.
*To change to an Affiliated status please submit a **copy** of your RED ID card.*

Arrival and Departure Times for Each Day (Enter times)**:** *Please note: This helps to plan our meal count for each day.*

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Arrival	Departure	Arrival	Departure	Arrival	Departure	Arrival	Departure	Arrival	Departure

Children scheduled and attending at times noted below will be fed meals in accordance with our Child and Adult Care Food Program*:

Breakfast - 8:30 - 9:00 AM **Lunch - 11:30 AM - 12:00 PM** **Snack 2:30 - 3:00 PM**

*Note: Infant meal times may be adjusted as needed to meet each child's individual needs.

Based on the schedule above, please check all meals to be provided while your child is scheduled in the Center.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
☐ Breakfast	☐ Breakfast	☐ Breakfast	☐ Breakfast	☐ Breakfast
☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch	☐ Lunch
☐ Snack	☐ Snack	☐ Snack	☐ Snack	☐ Snack

Schedule increases will be granted as space is available and changes are approved by the Children's Center Staff. Funded Families have additional stipulations and documentation for need, allowable hours, and schedule changes.

By signing below, I am stating that I understand that this contract for your child is effective until a written change has been completed and approved by the Children's Center Staff. All changes reducing days must be submitted in writing by the first day of the month, effective of the following month.

Parent/Guardian Signature _____ Date _____

Supervising Teacher Signature _____ Date _____

__ FS Approved by Office Manager