

**HOLY FAMILY EXTENDED HOURS
WEEKLY ATTENDANCE FORM**

Please complete the form below indicating the days of attendance and if morning and/or after school attendance.

Child's name _____ room number _____

Child's name _____ room number _____

Child's name _____ room number _____

Child's name _____ room number _____

Please circle days that you expect the child(ren) to attend.

		MORNING		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

		AFTER SCHOOL		
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Food Allergies (please list)

HOMEWORK PREFERENCE

Please check the appropriate preference

I do want my child(ren) to do homework at this time
 I do not want my child(ren) to do homework at this time

Please mark any comments on attendance or homework.

Parent/Guardian Signature

Date