

Preference Card (Extended Care)

Child's Name: _____

Please complete the following by marking full-time or part-time, circling the days needed and filling in the times you are needing for each day

Full-time extended care (5 hours or more)

M: _____ T: _____ W: _____ TH: _____ F: _____

Part-time extended care (less than 5 hours)

M: _____ T: _____ W: _____ TH: _____ F: _____