

Client 2019-2020 School Year Planning Form

Client Name:

Age:

Current Group:

Please circle client's available/preferred session time & days of the week:

4:15pm – 7:15pm
School Age ONLY Mon-Fri

8:15am – 11:15am
Preschool ONLY Mon-Fri

12:00pm – 3:00pm
Preschool ONLY Mon-Thur

Monday

Tuesday

Wednesday

Thursday

Friday
Preschool ONLY

_____ **Please check here if your child's schedule is flexible and may be able to adjust to other days**

Please provide us with the following information:

Drop off Transportation Plans: Carline School/LIU Transportation Public Transportation

If arriving by transportation: Approximate Arrival Time: _____ Bus/Van # _____

Driver Name: _____ Driver Contact Information: _____

School District your child/adolescent resides in:

School District your child/adolescent attends:

First day of school (Fall 2019):

Last day of school (Spring 2020):

Vacations/Other Unavailable dates:

Administration Use Only

_____ Scanned (R)

_____ Entered On Master Schedule (PC)

_____ Entered in Transportation Schedule (FL)

_____ Entered in Extended Care Schedule (FL)