

***Supervised Learning Student Information***

Child’s Name:

Parent’s Name/Phone#:

Parent’s Name/Phone#:

School:

Grade:

Please Check (or “X”) the Days Your Child Will Be Attending:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

Please list any extra days your child will be attending the program that do not align with the above schedule:

Please list any days your child won’t be attending: