

## LOTWA Before & After Care Schedule

### October 2016

| Monday    | Tuesday   | Wednesday | Thursday  | Friday                   |
|-----------|-----------|-----------|-----------|--------------------------|
| <b>3</b>  | <b>4</b>  | <b>5</b>  | <b>6</b>  | <b>7</b>                 |
| <b>10</b> | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b>                |
| <b>17</b> | <b>18</b> | <b>19</b> | <b>20</b> | <b>21</b> Noon dismissal |
| <b>24</b> | <b>25</b> | <b>26</b> | <b>27</b> | <b>28</b>                |
| <b>31</b> |           |           |           |                          |

Student's Name(s)

Teacher:

Please mark AM and/or PM in the days that care is needed

## LOTWA Before & After Care Schedule

### November 2016

| Monday    | Tuesday   | Wednesday | Thursday            | Friday              |
|-----------|-----------|-----------|---------------------|---------------------|
|           | <b>1</b>  | <b>2</b>  | <b>3</b>            | <b>4</b>            |
| <b>7</b>  | <b>8</b>  | <b>9</b>  | <b>10</b>           | <b>11</b>           |
| <b>14</b> | <b>15</b> | <b>16</b> | <b>17</b>           | <b>18</b>           |
| <b>21</b> | <b>22</b> | <b>23</b> | <b>24</b> No School | <b>25</b> No School |
| <b>28</b> | <b>29</b> | <b>30</b> |                     |                     |

**Student's Name(s)**

**Teacher:**

**Please mark AM and/or PM in the days that care is needed**

# LOTWA Before & After Care Schedule

## December 2016

| Monday              | Tuesday             | Wednesday           | Thursday            | Friday              |
|---------------------|---------------------|---------------------|---------------------|---------------------|
|                     |                     |                     | <b>1</b>            | <b>2</b>            |
| <b>5</b>            | <b>6</b>            | <b>7</b>            | <b>8</b>            | <b>9</b>            |
| <b>12</b>           | <b>13</b>           | <b>14</b>           | <b>15</b>           | <b>16</b>           |
| <b>19</b>           | <b>20</b>           | <b>21</b> No School | <b>22</b> No School | <b>23</b> No School |
| <b>26</b> No School | <b>27</b> No School | <b>28</b> No School | <b>29</b> No School | <b>30</b> No School |

**Student's Name(s)**

**Teacher:**

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## LOTWA Before & After Care Schedule

### January 2017

| Monday                    | Tuesday            | Wednesday | Thursday  | Friday    |
|---------------------------|--------------------|-----------|-----------|-----------|
| <b>2</b> No School        | <b>3</b> No School | <b>4</b>  | <b>5</b>  | <b>6</b>  |
| <b>9</b>                  | <b>10</b>          | <b>11</b> | <b>12</b> | <b>13</b> |
| <b>16</b><br>M L King Day | <b>17</b>          | <b>18</b> | <b>19</b> | <b>20</b> |
| <b>23</b>                 | <b>24</b>          | <b>25</b> | <b>26</b> | <b>27</b> |
| <b>30</b>                 | <b>31</b>          |           |           |           |

**Student's Name(s)**

**Teacher:**

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## LOTWA Before & After Care Schedule

# February 2017

| Monday              | Tuesday   | Wednesday | Thursday  | Friday              |
|---------------------|-----------|-----------|-----------|---------------------|
|                     |           | <b>1</b>  | <b>2</b>  | <b>3</b>            |
| <b>6</b>            | <b>7</b>  | <b>8</b>  | <b>9</b>  | <b>10</b>           |
| <b>13</b>           | <b>14</b> | <b>15</b> | <b>16</b> | <b>17</b> No School |
| <b>20</b> No School | <b>21</b> | <b>22</b> | <b>23</b> | <b>24</b>           |
| <b>27</b>           | <b>28</b> |           |           |                     |

**Student's Name(s)**

**Teacher:**

**Please mark AM and/or PM in the days that care is needed**

## LOTWA Before & After Care Schedule

### March 2017

| Monday              | Tuesday             | Wednesday           | Thursday            | Friday                   |
|---------------------|---------------------|---------------------|---------------------|--------------------------|
|                     |                     | <b>1</b>            | <b>2</b>            | <b>3</b>                 |
| <b>6</b>            | <b>7</b>            | <b>8</b>            | <b>9</b>            | <b>10</b>                |
| <b>13</b>           | <b>14</b>           | <b>15</b>           | <b>16</b>           | <b>17</b>                |
| <b>20</b>           | <b>21</b>           | <b>22</b>           | <b>23</b>           | <b>24</b> Noon dismissal |
| <b>27</b> No School | <b>28</b> No School | <b>29</b> No School | <b>30</b> No School | <b>31</b> No School      |

**Student's Name(s)**

**Teacher:**

**Please mark AM and/or PM in the days that care is needed**

## LOTWA Before & After Care Schedule

### April 2017

| Monday              | Tuesday   | Wednesday | Thursday  | Friday              |
|---------------------|-----------|-----------|-----------|---------------------|
| <b>3</b>            | <b>4</b>  | <b>5</b>  | <b>6</b>  | <b>7</b>            |
| <b>10</b>           | <b>11</b> | <b>12</b> | <b>13</b> | <b>14</b> No School |
| <b>17</b> No School | <b>18</b> | <b>19</b> | <b>20</b> | <b>21</b>           |
| <b>24</b>           | <b>25</b> | <b>26</b> | <b>27</b> | <b>28</b>           |
|                     |           |           |           |                     |

**Student's Name(s)**

**Teacher:**

**Please mark AM and/or PM in the days that care is needed**

## LOTWA Before & After Care Schedule

### May 2017

| Monday              | Tuesday   | Wednesday | Thursday  | Friday    |
|---------------------|-----------|-----------|-----------|-----------|
| <b>1</b>            | <b>2</b>  | <b>3</b>  | <b>4</b>  | <b>5</b>  |
| <b>8</b>            | <b>9</b>  | <b>10</b> | <b>11</b> | <b>12</b> |
| <b>15</b>           | <b>16</b> | <b>17</b> | <b>18</b> | <b>19</b> |
| <b>22</b>           | <b>23</b> | <b>24</b> | <b>25</b> | <b>26</b> |
| <b>29</b> No School | <b>30</b> | <b>31</b> |           |           |

**Student's Name(s)**

**Teacher:**

**Please mark AM and/or PM in the days that care is needed**



## LOTWA Before & After Care Schedule

### June 2017

| Monday    | Tuesday   | Wednesday                                  | Thursday  | Friday    |
|-----------|-----------|--|-----------|-----------|
|           |           |  | <b>1</b>  | <b>2</b>  |
| <b>5</b>  | <b>6</b>  | <b>7</b>                                   | <b>8</b>  | <b>9</b>  |
| <b>12</b> | <b>13</b> | <b>14</b> Last Day of<br>School – Full Day | <b>15</b> | <b>16</b> |
| <b>19</b> | <b>20</b> | <b>21</b>                                  | <b>22</b> | <b>23</b> |
| <b>26</b> | <b>27</b> | <b>28</b>                                  | <b>29</b> | <b>30</b> |

**Student's Name(s)**

**Teacher:**

**Please mark AM and/or PM in the days that care is needed**

