

SAC SCHEDULE
WEEK OF _____

Child(ren)'s Name _____

Beach SAC _____ Edgewood SAC _____

This is my child's normal schedule. It does not change. _____

My child's schedule will change weekly. I will submit a new schedule each week, by 10:00 am Wednesday, for the following Monday - Friday. _____

Drop off time:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

Pick up time:

Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____

AM SAC

6:30 - 7:25 cost \$44 weekly - 10% sibling discount
7:25 - 8:25 cost \$24 weekly - 10% sibling discount
Wednesday AM only / cost \$20 weekly (for families that only need Wednesday morning)

PM SAC

3:45 - 4:45 cost \$20 weekly - 10% sibling discount
4:45 - 5:45 cost \$40 weekly - 10% sibling discount

I will submit my payment via BrightWheel _____
(Parent/Guardian Initial)

Parent/guardian signature

Date

Drop schedule off to your child's SAC classroom or email it to pbergey@fruitportschools.net & emurphy@fruitportschools.net