



Meeting Street Bright Futures

Daily Drop Off and Pick Up Schedule

Child's Name: _____ **Classroom:** _____

	Drop off time	Pick up time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The above schedule reflects my child's typical drop off and pick up times. I agree to notify my child's teacher if there are any changes to my child's schedule, either temporary (i.e. doctor's appointments) or permanent (i.e. a change in my work hours).

Parent signature

Date