

For Scheduler only:
Carpool:
Babysitting:
Leave:

APPS Scheduling Form

New Member Returning Member Alumni Parent
 2-Day (T/Th am) 3-Day (M/W/F am) 4-Day (M/T/W/F pm)

(Please list the names you and your child prefer to be called.) Phone #: _____

Name of participating parent: _____

Child's name: _____

Address: _____

Nearest cross street: _____

2-Day, 3-Day, and 4-Day parents: Mark your 1st and 2nd choice for work days.

4-Day parents ONLY: To indicate your choice of emergency work day, write E1 and E2. (Your emergency day is a different day than your regular work day.)

2-Day class: Tues AM Thurs AM
3-Day class: Mon AM Weds AM Fri AM
4-Day class: Mon PM Tues PM Weds PM Fri PM

List any reasons you must have a certain work day, or list any day you cannot work at school.

Would you like to participate in a carpool? _____ No _____ Yes
_____ Not necessary, but I will if someone else needs a ride.

Do you need help arranging babysitting on your work day? _____ No _____ Yes
If yes, birth date of child who needs a sitter: _____

Do you anticipate needing a medical or maternity leave during the school year? _____ No
_____ Yes If yes, when? _____

In case the Scheduler needs to contact you, when will you be on vacation during summer?

Are you interested in being a paid substitute? _____ No _____ Yes

If you have any questions about scheduling or if there is any change in the above information, please contact the Scheduler as soon as possible.