

Troy Co-op Preschool
Scheduling Information Sheet

Class: 3AM 3PM 4AM 4PM

Please fill in (or circle) the following information to be used to develop the class working schedule **through the end of the school year.**

NAME: _____

E-MAIL ADDRESS: _____

Do you check email regularly? This is our primary way of contacting you.

YES NO

CHILD'S NAME: _____ BIRTHDAY: _____

Do you have a day you would prefer to work? (Circle one)

3AM/3PM NO PREFERENCE TUESDAY THURSDAY
4AM/4PM NO PREFERENCE MONDAY WEDNESDAY

Are there any specific dates you can not work?

If carpooling and/or sharing babysitting with classmates, please list name(s) so you will not have conflicting schedules:

Please list any scheduling difficulties you may incur:

If you have older children in a Troy Elementary School, please circle the time that applies to your school EARLY (8:40-3:31) LATE (9:10-4:01)

Are you willing to be an Emergency Parent? YES NO

Are you a returning parent? YES NO

If YES, are you interested in working the first and/or second week of class?

YES NO

Please return this completed form to your membership chairperson by August 1.

THANK YOU!