



WINDHAM Learning Tree Academy

SCHEDULE REQUEST FORM

Child's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Program: (class times) *you may indicate your desired earlier drop off and later pick up times below. We are open from 7:00am-6:00pm*

Early Pre-K (8:15a-11:15a) Pre-K (8:50a-11:50a)

CKC AM (7:00a-8:30a) CKC PM (3:00p-6:00p)

Days: (Please circle the days and fill in the times below.)

	Drop off time	Pick up time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Parent/ Guardian Signature: _____

Date: _____