



WINDHAM Learning Tree Academy

SCHEDULE REQUEST FORM

Child's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Program: (class times)

Early Pre-K 1&2 (8:15a-11:15a) Pre-K 1(8:50a-11:50a)

Pre-K 2 (8:30a-11:30a) Kindergarten (8:45a-2:45p)

K Enrichment (11:15a-3:00p) CKC (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: _____