

ADVENTURE ZONE APRIL 2023 CALENDAR



Annual BCC Member

Non-Member

Child's Name(s)

1. _____ Grade: _____
2. _____ Grade: _____
3. _____ Grade: _____

Monthly Calendar Contract

1. Please fill out the child's name(s) and grade.
2. Check if you are a member or non-member.
3. Circle AM, PM, AM/PM, Early Out or Full Days that care is needed. If marked days are not circled clearly this will result in being charged for both AM and PM care for those days.
4. Please Sign, Date, and email your monthly calendar by the 20th of the month prior to care.
5. I understand that AZ has a minimum requirement of 5 days a month whether care is needed or not. Each month, I must circle the days needed for care on the calendar. Any days after the calendar due date will be considered extra days added for the month.
6. I understand that if the calendar is not turned in by the due date, I will incur a late calendar fee.

Parent/Guardian Signature

Date

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|----------------|----------------|----------------|----------------------|----------------|----------|
| | 3 AM PM | 4 AM PM | 5 AM PM | 6 AM Early Out | 7 Full Day | |
| | 10 AM PM | 11 AM PM | 12 AM PM | 13 AM PM | 14 AM PM | |
| | 17 AM PM | 18 AM PM | 19 AM PM | 20 AM PM | 21 AM PM | |
| | 24 AM PM | 25 AM PM | 26 AM PM | 27 AM PM | 28 AM PM | |