

## S.A.C.C. Weekly Schedule

Week Of \_\_\_\_\_

Name of Child or Children \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Please write the actual ***times*** your child or children will be attending.

Monday AM \_\_\_\_\_

PM \_\_\_\_\_

Tuesday AM \_\_\_\_\_

PM \_\_\_\_\_

Wednesday AM \_\_\_\_\_

PM \_\_\_\_\_

Thursday AM \_\_\_\_\_

PM \_\_\_\_\_

Friday AM \_\_\_\_\_

PM \_\_\_\_\_

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Monday AM \_\_\_\_\_

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Tuesday AM \_\_\_\_\_

PM \_\_\_\_\_

Wednesday AM \_\_\_\_\_

PM \_\_\_\_\_

Thursday AM \_\_\_\_\_

PM \_\_\_\_\_

Friday AM \_\_\_\_\_

PM \_\_\_\_\_