

## CHILDREN'S SAFE STAY, INC. DAYCARE/PRESCHOOL

P.O. Box 152, Sparrowbush, NY 12780 Tel. (845) 858-4923 • Fax (845) 858-8686

## **WEEKLY SCHEDULE** including MEALS

Day of Week	Drop Off Indicate Time	Pick Up Indicate Time	Notes: special instructions (i.e. child will be picked up by someone else, etc.)	My child will be in attendance for the following meals:
Monday				□ Breakfast □ Lunch
Tuesday				□ PM Snack □ Breakfast □ Lunch □ PM Snack
Wednesday				□ Breakfast □ Lunch □ PM Snack
Thursday				<ul><li>□ Breakfast</li><li>□ Lunch</li><li>□ PM Snack</li></ul>
Friday				□ Breakfast □ Lunch □ PM Snack
breakfast, lu area. Break fruit and mi Sweets may restrictions known food	inch and an aftern fast is a bread pro- lk. Each afternoon be included occa and treatments mallergies be repo- nt form and incon-	noon snack. A me oduct, fruit and m on snack includes asionally. <i>SPECI</i> ust be written and orted to all staff arme eligibility form	•	sted in our lobby product, vegetable, mentioned groups. ndicating special by important that all
	I	unch is served b	d between 9am – 9:30am etween 11:30am – 12:30pm ed between 3:15pm – 3:45pm	
			PM snack between 3:30 – 4:00pm oved on half days, school closings and	