



Holy Apostles

CATHOLIC PARISH AND SCHOOL

After School Care Schedule Year of: __2025-2026__

We realize that submitted schedules may change.

Email extendedcare@hanb.org with any changes for your child's safety.

Name of child: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

Name of child: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

Name of child: _____

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

Date: _____ This form overrides any previously submitted schedule.

Signature if submitted as paper: _____

Type or print family name: _____ Can be sent to extendedcare@hanb.org