

## Family Co-op Schedule

(Please complete for our records and place in your mailbox folder)

Family's last name: \_\_\_\_\_ Co-op job: \_\_\_\_\_ Job time: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Emergency: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 (Optional\* – See note below) contact name

Time:	Parent name:	Child name:	Child name:	Child name:	Child name:	Child name:	Child name:
8:30 ...							
9:00 – 10:00							
10:10 – 11:10							
11:20 – 12:20							
12:20 – 12:50 (Lunch)							
1:00 – 2:00							
2:10 – 3:10							
... 3:40							
(Cleanup)							

\*You are required to stay at Legacy with your children every Friday. If you carry a cell phone while at Legacy, we ask you to provide this number so that we can contact you if, for any reason, we are unable to locate you in the building. If you are sitting in class with your child, please remember to silence your phone during class time.