

Association Prématernelle Les Bouts d'Choux French Immersion Preschool Duty Day Form

To increase meeting efficiency, please fill out your duty day form ahead of time and hand it in at the parent's welcome meeting. Blank forms will also be made available during the meeting.

Please submit ONE completed roster sheet for all term 1 duty days. **Duty days are required every 4-6 weeks, depending on class sizes** Please fill out the form in full and submit it to the roster parent at the meeting.

- You will be assigned a duty day close to or on your child's birthday.
- Please include specific days, or days of the week, that you CANNOT be scheduled to be a duty parent.
 Our roster parents will do their best to try and schedule you based on your availability but do not quarantee that we can honour all requests.

Term 1 Duty Day	/S	Class: A or B (circle one)				
Parent Name:	Email Address:					
Home Phone #:	Cell Phone #:					
Child's Name:	Child's Birth Date:					
		ou are not available in e r 21 st , please write that		eded-eg. If you cannot be mber heading.		
September	October	November	December	January		
		OR				
DIو	ase indicate (chec	ck) a day of the week that	works best for you (eg.	Fridays)		
	-	dnesdays preferredF		• •		
Mondays p	referredWed			preference		
Mondays p	referredWed	dnesdays preferredF	ridays preferredNo	preference		
Mondays po Term 1 Duty Day	referredWed	dnesdays preferredF	Class: C or D (c	preference		
Mondays portage of the	referredWed	dnesdays preferredF	Class: C or D (c	preference		
Mondays portion of the	referredWed	En	Class: C or D (conail Address:	eded-eg. If you cannot be		
Mondays portage of the second	referredWed	En Ce Cr Du are not available in e	Class: C or D (conail Address:	eded-eg. If you cannot be		

Tuesdays preferred Thursdays preferred No preference



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Term 2 Duty Da	ays		Class: A or B (circle one)				
Parent Name:		nail Address:	·				
Home Phone #:	Cell Phone #:						
Child's Name:	Child's Birth Date:						
		u are not available in e r 21 st , please write that		eded-eg. If you cannot be mber heading.			
September	October	November	December	January			
		<u>OR</u>					
		k) a day of the week that Inesdays preferredF					
Term 2 Duty Da	a <u>ys</u>		Class: C or D (circle one)				
Parent Name:	Email Address:						
Home Phone #:	Cell Phone #:						
Child's Name:	Child's Birth Date:						
		u are not available in e r 21 st , please write that		eded-eg. If you cannot be ember heading.			
September	October	November	December	January			
		OR					
		k) a day of the week that					