



Family Name _____ Children's Names _____

JUNE 2020

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Closed	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

JULY 2020

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3 Closed	4
5	6 Closed	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

AUGUST 2020

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
	Closed For Staff Development					
23	24	25	26	27	28	29
	Closed For Staff Development					
30	31 Closed					

Families- Mark the days your child/ren will be attending with an X on the date. Additional days upon availability. Marked days will be charged to your TADS account. A fee will be applied for changes after submitting calendars.

Parent/Guardian Signature _____ Date _____