Monthly Schedule

Month: \_\_\_\_ Year: \_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Student’s Name:** | **Date of Birth:** | | **NYC ID:** |
| **Parent/ Guardian Name:** | | **Phone:** | |

**Provider Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Services** | **Mandate** | **Provider’s name,**  **phone number and**  **Agency** | **Location of services**  **(Name of daycare, address, phone or**  **home address )** |
| **SEIT** | X 30 |  |  |
| **ST** | X 30 |  |  |
| **OT** | X 30 |  |  |
| **PT** | X 30 |  |  |
| **Other** |  |  |  |

**Provider Schedule Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Services** | **Monday**  **(from – to)** | **Tuesday**  **(from – to)** | **Wednesday**  **(from – to)** | **Thursday**  **(from – to)** | **Friday**  **(from – to)** |
| **SEIT** |  |  |  |  |  |
| **ST** |  |  |  |  |  |
| **OT** |  |  |  |  |  |
| **PT** |  |  |  |  |  |
| **Other** |  |  |  |  |  |

Notify Nata’s Kids, Inc. immediately of any absences, accidents and if the schedule or location has changed.

SEIT Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_