

FORM D**AGES 3 TO 5 YEARS SCREEING SCHEDULE**

SCHOOL: _____

DATE: _____

TIME: Child's First & Last Name: Birthdate: Parent's Name: Address: Phone:
8:45 A.M.

1					
2					
3					

9:30 A.M.

1					
2					
3					

10:15 A.M.

1					
2					
3					

11:00 A.M.

1					
2					
3					

NOON BREAK

12:45 P.M.

1					
2					
3					

1:30 P.M.

1					
2					
3					

2:15 P.M.

1					
2					
3					

3:00 P.M.

1					
2					
3					