L.E.A.D.S. Contact Numbers: Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553		August 2019					
• Return this calendar by the 25th day of every prior month with an X placed on each calendar date your child will be attending L.E.A.D.S.	Sun	Mon	TUE	WED	Тни	Fri	SAT
 Payment of \$3.00 per day must be included for your child to stay. One form per child please, parents must pay in advance for the child to be able to stay! Anything turned in after the first day of the month will be \$5.00/day 					1	2	3
 Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. Student Information	4	5	6	7	8	9	10
Name:							
Grade: Teacher: Address:	11	12	13	14	15 (*) First Day of School	16	17
Special Instructions:							
Parent Contact Numbers Home: Cell:	18	19 First Day of LEADS	20	21	22	23	24
Work:	25	26	27	28	29	30	31
OFFICE USE Paid: Cash Check							

L.E.A.D.S. **Contact Numbers:** September 2019 Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553 Return this calendar by the 25th day of every prior month with an X SUN Mon TUE WED THU FRI SAT placed on each calendar date your child will be attending L.E.A.D.S. Payment of \$3.00 per day must be 1 2 3 5 7 4 6 included for your child to stay. NO One form per child please, parents must pay in advance for the LEADS child to be able to stay! (Labor Day) Anything turned in after the first day of the month will be \$5.00/day 8 9 13 11 12 Drop-In payment is \$5.00. 10 14 Pick up student by 5:30 p.m. in front of the elementary office. **Student Information** Name: _____ 15 Grade: _____ 16 17 18 19 20 21 Teacher: _____ NO **LEADS** Address: (Professional Day) Special Instructions: 22 24 25 27 23 26 28 NO **Parent Contact Numbers LEADS** Home: (Professional Day) Cell: ____ Work: _____ 29 30 **OFFICE USE** Paid: Cash Check

L.E.A.D.S. **Contact Numbers:** October 2019 Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553 Return this calendar by the 25th day of every prior month with an X SUN Mon TUE WED THU FRI SAT placed on each calendar date your child will be attending L.E.A.D.S. Payment of \$3.00 per day must be 1 2 3 4 5 included for your child to stay. One form per child please, parents must pay in advance for the child to be able to stay! Anything turned in after the first day of the month will be \$5.00/day 6 7 8 9 10 11 12 Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. **Student Information** Name: ____ 13 14 15 19 16 17 18 Grade: _____ NO NO NO Teacher: _____ NO **LEADS LEADS LEADS LEADS** Address: (Parent/Teacher (Fall Break) (Fall Break) (Fall Break) Special Instructions:____ Conference) 20 21 22 23 24 25 26 NO **Parent Contact Numbers LEADS** Home:____ (Harvest Carnival) Cell: _____ 27 Work: _____ 28 29 30 31 **OFFICE USE** Paid: Cash Check

L.E.A.D.S. **Contact Numbers:** November 2019 Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553 Return this calendar by the 25th day of every prior month with an X Mon TUE WED THU FRI SUN SAT placed on each calendar date your child will be attending L.E.A.D.S. Payment of \$3.00 per day must be 1 2 included for your child to stay. One form per child please, parents must pay in advance for the child to be able to stay! Anything turned in after the first day of the month will be \$5.00/day 5 3 4 6 8 9 Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. **Student Information** Name: 10 11 12 13 15 Grade: _____ 14 16 Teacher: _____ Address: Special Instructions:____ 17 18 19 20 21 22 23 **Parent Contact Numbers** Home:____ Cell: ____ Work: _____ 24 25 28 30 26 27 29 NO NO NO NO NO **OFFICE USE LEADS LEADS LEADS LEADS LEADS** Paid: Cash (Thanksgiving (Thanksgiving (Thanksgiving (Thanksgiving (Thanksgiving Check Break) Break) Break) Break) Break)

L.E.A.D.S. Contact Numbers:

Elementary Office: <u>580-332-7669</u>

Stacy Oakley: 580-332-3553

- Return this calendar by the 25th day of every prior month with an X placed on each calendar date your child will be attending L.E.A.D.S.
- Payment of \$3.00 per day must be included for your child to stay.
- One form per child please, parents must pay in advance for the child to be able to stay!
- Anything turned in after the first day of the month will be \$5.00/day
- Drop-In payment is \$5.00.
- Pick up student by 5:30 p.m. in front of the elementary office.

December 2019

SUN	Mon	TUE	WED	Тни	Fri	SAT
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19 NO LEADS (Semester Tests)	20 NO LEADS (Semester Tests)	21
22	23 NO LEADS (Christmas Break)	24 NO LEADS (Christmas Break)	25 NO LEADS (Christmas Break)	26 NO LEADS (Christmas Break)	27 NO LEADS (Christmas Break)	28
29	30 NO LEADS (Christmas Break)	31 NO LEADS (Christmas Break)				

Student Information

Name: _____

Teacher: _____

Address:

Special Instructions:____

Parent Contact Numbers

Home:_____

Cell: ______
Work: _____

OFFICE USE

Paid: ____ Cash ___ Check

L.E.A.D.S. **Contact Numbers:** January 2020 Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553 Return this calendar by the 25th day of every prior month with an X SUN Mon TUE WED THU FRI SAT placed on each calendar date your child will be attending L.E.A.D.S. 1 3 4 Payment of \$3.00 per day must be included for your child to stay. NO NO NO One form per child please, **LEADS LEADS** parents must pay in advance for the LEADS child to be able to stay! (Christmas Break) (Christmas Break) (Christmas Break) Anything turned in after the first day of the month will be \$5.00/day 5 6 8 9 11 10 Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. **Student Information** Name: ____ 12 13 14 15 16 17 18 Grade: _____ Teacher: Address: Special Instructions: 19 20 21 22 23 24 25 NO **Parent Contact Numbers LEADS** Home:____ (Professional Day) Cell: ____ 26 27 28 31 29 30 Work: _____ **OFFICE USE** Paid: Cash Check

L.E.A.D.S. **Contact Numbers:** February 2020 Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553 Return this calendar by the 25th day of every prior month with an X TUE SUN Mon WED THU FRI SAT placed on each calendar date your child will be attending L.E.A.D.S. Payment of \$3.00 per day must be included for your child to stay. One form per child please, parents must pay in advance for the child to be able to stay! Anything turned in after the first day of the month will be \$5.00/day 5 2 3 4 8 6 Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. **Student Information** Name: ____ 9 10 11 12 13 14 15 Grade: _____ Teacher: Address: Special Instructions: 17 16 18 19 22 20 21 **Parent Contact Numbers** Home:____ Cell: ____ 23 24 25 26 27 29 Work: _____ 28 NO **OFFICE USE LEADS** Paid: Cash (1st Snow Day) Check

L.E.A.D.S. **Contact Numbers:** March 2020 Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553 Return this calendar by the 25th day of every prior month with an X SUN Mon TUE WED THU FRI SAT placed on each calendar date your child will be attending L.E.A.D.S. 5 Payment of \$3.00 per day must be 3 7 1 2 4 6 included for your child to stay. NO One form per child please, parents must pay in advance for the **LEADS** child to be able to stay! (2nd Snow Day) Anything turned in after the first day of the month will be \$5.00/day 8 9 11 14 10 12 13 Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in NO NO front of the elementary office. **LEADS LEADS Student Information** (Parent/Teacher Conference) Name: ____ 15 16 20 21 Grade: _____ 17 18 19 NO NO Teacher: _____ NO NO NO **LEADS LEADS LEADS LEADS LEADS** Address: (Spring Break) (Spring Break) (Spring Break) (Spring Break) (Spring Break) Special Instructions:_____ 22 23 24 25 26 27 28 **Parent Contact Numbers** Home:____ Cell: ____ Work: _____ 29 30 31 **OFFICE USE** Paid: Cash Check

L.E.A.D.S. Contact Numbers: Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553	April 2020						
Return this calendar by the 25th day of every prior month with an X placed on each calendar date your	Sun	Mon	Tue	WED	Тни	Fri	SAT
 child will be attending L.E.A.D.S. Payment of \$3.00 per day must be included for your child to stay. One form per child please, parents must pay in advance for the child to be able to stay! Anything turned in after the first 				1	2	3	4
 day of the month will be \$5.00/day Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. 	5	6	7	8	9	10 NO LEADS	11
Student Information Name:						(Easter Break & 3rd Snow Day)	
Grade:	12	13	14	15	16	17	18
Address: Special Instructions:							
	19	20	21	22	23	24	25
Parent Contact Numbers Home: Cell:							
Work: OFFICE USE Paid: Cash Check	26	27	28	29	30		

L.E.A.D.S. Contact Numbers: Elementary Office: 580-332-7669 Stacy Oakley: 580-332-3553	May 2020						
• Return this calendar by the 25th day of every prior month with an X placed on each calendar date your	Sun	Mon	Tue	WED	THU	Fri	SAT
 child will be attending L.E.A.D.S. Payment of \$3.00 per day must be included for your child to stay. One form per child please, parents must pay in advance for the child to be able to stay! 						1	2
 Anything turned in after the first day of the month will be \$5.00/day Drop-In payment is \$5.00. Pick up student by 5:30 p.m. in front of the elementary office. 	3	4	5	6	7	8	9
Student Information	10	11	12	13	14	15	16
Name:							
Grade: Teacher:							
Address:	17	18	19	20	21	22	23
Special Instructions:		NO LEADS (Semester Tests)	NO LEADS (Semester Tests)	SUMMER BREAK			
Parent Contact Numbers	24	25	26	27	28	29	30
Home:							
Cell:							
Work: OFFICE USE Paid: Cash Check	31						