Mar 2027

S	M	T	W	T	F	S
	1	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	31			

Kid's University
APRIL 2027

Please write the times your child will need care. If no care is needed, please write OFF. Thank you for helping us with scheduling.

Child's name: _____

Date turned in: _____

May 2027

S	M	T	W	T	F	S
						1
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	31					

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29 BCPS Closed	30 BCPS Closed	31 BCPS Closed	**1** BCPS Closed	**2** BCPS Closed	3
4	**5**	**6**	**7**	**8**	**9**	10
11	**12**	**13**	**14**	**15**	**16** July Calendar due	17
18	**19**	**20**	**21**	**22**	**23**	24
25	**26**	**27**	**28**	**29**	**30**	1