



Albany 2016 Summer Schedule Request

June 27 – September 3, 2016

Student Name: _____

Parent Name: _____

Phone #: _____

Email: _____

❖ *Students may schedule 2 to 12 hours per week, check off the desired hours*

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	SATURDAY
Albany Center	NO AM INSTRUCTION	9am ____ 10am ____ 11am ____	NO AM INSTRUCTION	9am ____ 10am ____ 11am ____	9am ____ 10am ____ 11am ____ 12pm ____
	3pm ____ 4pm ____ 5pm ____ 6pm ____	NO PM INSTRUCTION	3pm ____ 4pm ____ 5pm ____ 6pm ____	NO PM INSTRUCTION	
Bethlehem YMCA		4:30pm ____ 5:30pm ____ 6:30pm ____		4:30pm ____ 5:30pm ____ 6:30pm ____	

❖ *Please let us know of any vacation weeks you have planned:*
