



### Schedule Change Request

Please submit this form to your child’s Directress at least 48 hours prior to the date of the requested change. The Directress will review your request and notify you if we can accommodate your request.

Child’s Name: \_\_\_\_\_ Environment: \_\_\_\_\_

Date requested change will begin: \_\_\_\_\_

#### Before School Care

- |                   |                                 |   |                                      |
|-------------------|---------------------------------|---|--------------------------------------|
| 7:00 am - 9:00 am | <input type="checkbox"/> Add    | <input type="checkbox"/> 3 days/week ** | <input type="checkbox"/> 5 days/week |
|                   | <input type="checkbox"/> Delete |   |                                      |
| 8:00 am - 9:00 am | <input type="checkbox"/> Add    | <input type="checkbox"/> 3 days/week ** | <input type="checkbox"/> 5 days/week |
|                   | <input type="checkbox"/> Delete |   |                                      |

#### School Day

- |                   |                                 |   |                                      |
|-------------------|---------------------------------|---|--------------------------------------|
| 9:00 am - Noon    | <input type="checkbox"/> Add    | <input type="checkbox"/> 3 days/week ** | <input type="checkbox"/> 5 days/week |
|                   | <input type="checkbox"/> Delete |   |                                      |
| 9:00 am - 3:15 pm | <input type="checkbox"/> Add    | <input type="checkbox"/> 3 days/week ** | <input type="checkbox"/> 5 days/week |
|                   | <input type="checkbox"/> Delete |   |                                      |

#### After School Care

- |                   |                                 |   |                                      |
|-------------------|---------------------------------|---|--------------------------------------|
| 3:15 pm - 5:00 pm | <input type="checkbox"/> Add    | <input type="checkbox"/> 3 days/week ** | <input type="checkbox"/> 5 days/week |
|                   | <input type="checkbox"/> Delete |   |                                      |
| 3:15 pm - 6:00 pm | <input type="checkbox"/> Add    | <input type="checkbox"/> 3 days/week ** | <input type="checkbox"/> 5 days/week |
|                   | <input type="checkbox"/> Delete |   |                                      |

#### Hot Lunch Program

- |       |                                 |                   |                                 |
|-------|---------------------------------|-------------------|---------------------------------|
| Daily | <input type="checkbox"/> Add    | Pizza Friday Only | <input type="checkbox"/> Add    |
|       | <input type="checkbox"/> Delete |                   | <input type="checkbox"/> Delete |

\*\*For students attending 3 days/week, please check the schedule options below (days must be consecutive):

- |   |   |
|---|---|
| <input type="checkbox"/> Monday – Tuesday – Wednesday | <input type="checkbox"/> Tuesday – Wednesday - Thursday |
|---|---|

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

***For office use – do not complete information below this line.***

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_____ Directress’ initials	_____ Date received. (Please notify Before Care/After Care staff if applicable.)
_____ Office	_____ Date received.
_____ Business Manager	_____ Date received.