



Schedule Change Request

Please submit this form to your child's Directress at least **72 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):

☐ Monday – Tuesday – Wednesday ☐ Tuesday – Wednesday - Thursday

Parent Signature: _____ Date: _____

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

_____ Directress	_____ Date.	
_____ HOS	_____ Date	<input type="checkbox"/> Email ALL schedule change notification.
_____ Admin Asst.	_____ Date	<input type="checkbox"/> Update Google Doc, Mont. Compass, Binder, App
_____ Business Manager	_____ Date	