

PERMANENT SCHEDULE CHANGE

All changes require a two-week notice and must be approved before you can start the new hours. Verification of your schedule change with the effective date will be placed in your parent pocket. Return to Janene at the front desk. If additional care is needed before the effective date of your change, you will need to fill out an extra care request.

Child's Name	Classroom
Parent	Date received

Old Schedule		New Schedule	
M		M	
T		T	
W		W	
TH		TH	
F		F	

For new schedules, make your selection from the times listed below.

FULL DAY: 7:15-5:15, 7:30-5:30, or 7:45-5:45

HALF DAY: 7:30-12:00, 8:00-12:30, 8:30-1:00, 9:00-1:30, 9:30-2:00, 10:00-2:30, or 2:00-5:30

There will be a \$5.00 fee per schedule change beyond the first one within a semester.

Approved by (staff use) _____

Date effective _____

Verification of Schedule Change

Child's name _____ Classroom _____

Your schedule change has been approved and will be effective as of ____ / ____ / ____.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	