PERMANENT SCHEDULE CHANGE FORM

All changes must be approved before you can begin to use any additional hours. Verification of your schedule change with the effective date will be placed in your parent pocket. Please check the box that applies for each day of the week and write the scheduled hours requested to the right. Return to Janene at the front desk. Please note that it is a two-week notice if you are withdrawing or reducing your child's hours.

Child's Name: ____________________________________   Classroom: _______________
Parent: __________________________________________    Date received _ / _ /____

MONDAY

- q add complete day ___________ to ______________
- q adjusted hours _____________ to ______________
- q drop complete day
- q same hours

TUESDAY

- q add complete day ___________ to ______________
- q adjusted hours _____________ to ______________
- q drop complete day
- q same hours

WEDNESDAY

- q add complete day ___________ to ______________
- q adjusted hours _____________ to ______________
- q drop complete day
- q same hours

THURSDAY

- q add complete day ___________ to ______________
- q adjusted hours _____________ to ______________
- q drop complete day
- q same hours

FRIDAY

- q add complete day ___________ to ______________
- q adjusted hours _____________ to ______________
- q drop complete day
- q same hours

Approved by ___________________________    Date effective      _ / _ /____

Verification of Schedule Change

Child's name and classroom: _________________________________________________

Your schedule change has been approved and will be effective as of _ / _ /____. Please stop at the front desk if you have any questions.

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