



Change of Schedule Form

Child's Name _____

Date _____

Child's Class _____

This change in your child's schedule will be: Temporary Permanent

When would this take effect? _____

If this is a temporary change, please list the date(s) your child's schedule would change:

In the appropriate day/time slots below, please check your child's **new** schedule:

	7am-9am	9am-2pm	2pm-4pm	4pm-6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Comments

Parent Signature: _____

Date: _____

**Note* Multiple changes to schedule in the same year may result in an additional fee.*

Please turn in to the Day School Office

Office use only

Schedule Change Approved By _____

Date _____