

Schedule Change Form

Child's Name: _____

Site: _____

New Schedule: _____ Full Time _____ Part Time
_____ Before _____ After _____ Before & After
_____ Monday _____ Tuesday _____ Wednesday (Till 5:30PM) _____ Thursday _____ Friday

Remote Learning Day: _____ Wednesday 9AM to 3:30PM

A payment of \$ _____ is payable by the Friday prior to Wednesday attendance.

Parent/Guardian by initialing here you agree to the weekly remote payment. _____

New Monthly Rate: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Date Received _____

_____ Transmittal

_____ Billing