

# Change of Schedule Form

Notification of Schedule Change

Request for Added Day/s and/or Fee Alteration

Date/Time of Schedule Change: \_\_\_\_\_

Reason for Schedule Change: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Please return this form to your child's primary caregiver.

**Office Use Only:**

Date Reviewed: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Office Signature: \_\_\_\_\_

Original form to be placed in child's file. Copy 1 to be returned to Guardian. Copy 2 to be given to Primary Caregiver.

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