

Two Week Written Schedule Change notice, the days of the week you select must be maintained, cannot be interchanged due to illness, or holidays. Adding days will cost the daily drop-in rate.

Parent Name: _____ Date: _____

Child/Children's name: _____

New Schedule to start: _____

Days of the Week:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Price change effective: _____

Bookkeeping done: _____

Parent Signature: _____

Staff Signature: _____