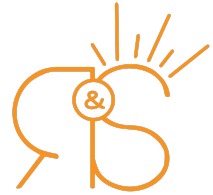


**Extended Care
Change of Schedule Request Form**



**In order to effectively consider a change to your child's schedule,
please complete the form below and return it to the front desk.
Once the request has been reviewed you will receive a confirmation email.
Expect a response no later than a week.**

Student's Name: _____

Teacher's Name: _____

Parent Name: _____

Parent Email: _____

Circle One : Adding Days or Dropping Days

Dates: _____

Times: _____

Date Start: _____ **or Date of last Ext. Care:** _____

Comments:

(for office use only)

_____ **Email confirmation was sent by** _____