

Childcare Schedule Change Form

Name of Child: _____

Please circle the days

Current care schedule: **Before School Care:** M T W Th F

Kindercare: M T W Th F

After School Care: M T W Th F

Please circle the days

Change to: **Before School Care:** M T W Th F

Kindercare: M T W Th F

After School Care: M T W Th F

Effective Date of change: _____

Parent Signature

Program Manager Signature

Date signed

*** Please note that 30 days notice from the beginning of the month is required for dropping care.**