



### CHANGE TO SCHEDULE

DATE OF REQUEST:(D)\_\_\_\_(M)\_\_\_\_(Y)\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

#### ADD DAYS:

1. (D)____ (M)____ (Y)____ <input type="checkbox"/> <small>SPACE OK</small>	6. (D)____ (M)____ (Y)____ <input type="checkbox"/> <small>SPACE OK</small> <input checked="" type="checkbox"/>
Hours: _____ to _____	Hours: _____ to _____
2. (D)____ (M)____ (Y)____ <input type="checkbox"/>	7. (D)____ (M)____ (Y)____ <input type="checkbox"/>
Hours: _____ to _____	Hours: _____ to _____
3. (D)____ (M)____ (Y)____ <input type="checkbox"/>	8. (D)____ (M)____ (Y)____ <input type="checkbox"/>
Hours: _____ to _____	Hours: _____ to _____
4. (D)____ (M)____ (Y)____ <input type="checkbox"/>	9. (D)____ (M)____ (Y)____ <input type="checkbox"/>
Hours: _____ to _____	Hours: _____ to _____
5. (D)____ (M)____ (Y)____ <input type="checkbox"/>	10. (D)____ (M)____ (Y)____ <input type="checkbox"/>
Hours: _____ to _____	Hours: _____ to _____

#### CANCEL DAYS: (2 WEEKS NOTICE REQUIRED)

1. (D)____ (M)____ (Y)____ <input type="checkbox"/> <small>ENOUGH NOTICE</small> <input checked="" type="checkbox"/>	6. (D)____ (M)____ (Y)____ <input type="checkbox"/> <small>ENOUGH NOTICE</small> <input checked="" type="checkbox"/>
2. (D)____ (M)____ (Y)____ <input type="checkbox"/>	7. (D)____ (M)____ (Y)____ <input type="checkbox"/>
3. (D)____ (M)____ (Y)____ <input type="checkbox"/>	8. (D)____ (M)____ (Y)____ <input type="checkbox"/>
4. (D)____ (M)____ (Y)____ <input type="checkbox"/>	9. (D)____ (M)____ (Y)____ <input type="checkbox"/>
5. (D)____ (M)____ (Y)____ <input type="checkbox"/>	10. (D)____ (M)____ (Y)____ <input type="checkbox"/>

STAFF RECEIVING CHANGE (Print Name): \_\_\_\_\_

PARENT/GUARDIAN CONFIRMATION (Sign): \_\_\_\_\_

DATE: (D)\_\_\_\_(M)\_\_\_\_(Y)\_\_\_\_



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Hours: _____ to _____	Hours: _____ to _____
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Hours: _____ to _____	Hours: _____ to _____
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Hours: _____ to _____	Hours: _____ to _____
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2. (D)____ (M)____ (Y)____ <input type="checkbox"/>	7. (D)____ (M)____ (Y)____ <input type="checkbox"/>
3. (D)____ (M)____ (Y)____ <input type="checkbox"/>	8. (D)____ (M)____ (Y)____ <input type="checkbox"/>
4. (D)____ (M)____ (Y)____ <input type="checkbox"/>	9. (D)____ (M)____ (Y)____ <input type="checkbox"/>
5. (D)____ (M)____ (Y)____ <input type="checkbox"/>	10. (D)____ (M)____ (Y)____ <input type="checkbox"/>

STAFF RECEIVING CHANGE (Print Name): \_\_\_\_\_

PARENT/GUARDIAN CONFIRMATION (Sign): \_\_\_\_\_

DATE: (D)\_\_\_\_(M)\_\_\_\_(Y)\_\_\_\_