

Extended Day Care Changes

Students Name: _____

Date Submitted _____

Please make the following changes to my child's after school program.

Change in days attending _____

Change in pickup time _____

Days attending:

Monday Tuesday Wednesday Thursday Friday

Pick-up Time

Change to: 4:30 _____ 5:00 _____ 5:30 _____ 6:00 _____

Effective Date: _____

Parent's Signature: _____

Copy: Janet Bilicki _____ Date changed _____

Nancy Dellea _____

Joan Garber _____

****Changes will not be acknowledged without this form.**