CHANGE IN SCHEDULE
(Due Friday prior to the week changes are to take place)

TODAY'S DATE: _____

CHILD'S NAME_____

PARENT_____

For the week beginning on _____

Are you planning on using Vacation Time?   YES or NO   **or**   Are you just switching days?   YES OR NO

Please check Yes or No for each day:

DATE ------------_____   _____   _____   _____   _____

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Early Morning										
Morning Preschool										
Afternoon Preschool										
Full Day Preschool										
After School										
Full Day (7 or more hrs)										

Please check availability with teacher when adding a day to your child's program!!!