



Ph: (585) 427-0700, Fax: (585) 427-0672

Schedule Change

My child's new weekly schedule (please check one):

_____ Full days (up to ten hours) and full-time (Monday through Friday).

_____ Full days (up to ten hours) and part-time (4 days or less).

Please list the days: _____

_____ Half days (up to five hours).

Please list the days: _____

Comments:

*Please note, the office must receive this form two weeks before the schedule change will start or you will be responsible for payments of both schedules.

For office use only

Date received: _____ *Staff initial* _____