



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* \_\_\_\_\_