



Change of Schedule Request - 2018-2019 Extended Day Plan

Child's Name: _____ Class: _____

★ **PERMANENT Change Request** *All plan changes will be made effective the following month.*

Parent's Signature: _____ Current Date: ____/____/____

My student is to be removed from their current ED Plan, effective _____.

I am aware that if left after 3:30PM, my student will be entering into Extended Day care.

Extended Day care options are as follows . . .

- Drop-In Care**
 Monthly Plan
 Full Extended Day Plan

★ **Extended Day MONTHLY AGREEMENT** - 3 options available:

Monthly Plan:

For a discounted monthly rate, please indicate the day, next to the times desired.

MORNING	M ____	T ____	W ____	TH ____	F ____
AFTERNOON until 4:30	M ____	T ____	W ____	TH ____	F ____
AFTERNOON until 6:00	M ____	T ____	W ____	TH ____	F ____

Drop In Care

I sign my child up for the **Full Extended Day Plan** payment option, which includes all available Extended Day, at a rate of \$250/month for 10 months, August 2018 - May 2019.

For Front Office use: Request received ____/____/____ from parents *Copy to Business Office*

Change student schedule - Procure ____/____/____

For Business Office use: Date received ____/____/____

Modify Billing Box - Procure ____/____/____ *Added to Excel SS*