

## SCHEDULE CHANGE FORM

**Form must be received two weeks prior to effective schedule change date.**

**Today's Date:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_

**Child #1** \_\_\_\_\_ **Child #2** \_\_\_\_\_

**Site:** LWES\_\_\_\_ RCES\_\_\_\_ GPES\_\_\_\_ SLES\_\_\_\_ SUMMER\_\_\_\_\_

**Current Schedule:** \_\_\_\_\_

***NEW SCHEDULE:***

**5 Days Per Week:**

**Monthly Fee**

____ <b>Before and After School</b>	<b>\$425.00</b>
____ <b>Before School Only</b>	<b>\$284.00</b>
____ <b>After School Only</b>	<b>\$284.00</b>

**3 Days Per Week:**

**Circle non-flexible days (3 days per week)**

____ <b>Before and After School</b> M T W Th F	<b>\$338.00</b>
____ <b>Before School Only</b> M T W Th F	<b>\$217.00</b>
____ <b>After School Only</b> M T W Th F	<b>\$217.00</b>

\_\_\_\_ **Drop-In Care Only** **\$9.50/hr. (2 hour minimum)**

**Parent/Guardian Signature:** \_\_\_\_\_