

Hayden After School **Schedule Change Form**



Today's Date: _____

Month that the change will take place _____

Schedule Change

Schedule changes need to be made by the 1st of the month prior to the new billing month. You will receive an email confirmation that the change has been approved. ***Please note since the program is full for the 2017-2018 school year you are not able to add or switch days.***

First Child's Name: _____ Grade: _____

Current Schedule: _____

Please change my child's schedule to: _____

Second child's Name: _____ Grade: _____

Current Schedule: _____

Please change my child's schedule to: _____

Withdrawal

Withdrawals need to be made by the 1st of the previous month. You will receive an email confirmation that the withdrawal has been approved.

First Child's Name: _____ Grade: _____

Second Child's Name: _____ Grade: _____

____ I would like to withdraw my child(ren).

Parent signature: _____ Date: _____

Office Use Only

Change Approved By _____ Date: _____