CHANGE IN SCHEDULE

Child's Name: _____ Date_____

New drop-off time: _____Old drop-off time: _____

New pick-up time: _____ Old pick-up time: _____

Your Name: _____Relationship: _____

Reason for change:

_____

_____

_____

_____

Parents's signature: _____ Date: _____

Provider signature: _____ Date: _____

Please keep in mind that this change is at your provider’s discretion and can take up to 2 weeks to go into effect. Schedule changes may not be approved if it affects the provider’s ratio and causes there to be more than 8 children in care at any given time.