## Change to Before/After School Care Days

(2 weeks notice required)

## **CITY**

| CITI                    |           |    |          |    |
|-------------------------|-----------|----|----------|----|
| Name of Child           |           |    |          |    |
| Changes are beginning:  |           |    |          |    |
|                         | Days      |    | <b>/</b> |    |
|                         | currently |    | Days     |    |
|                         | attending |    | required |    |
|                         | AM        | PM | AM       | PM |
| Monday                  |           |    |          |    |
| Tuesday                 |           |    |          |    |
| Wednesday               |           |    |          |    |
| Thursday                |           |    |          |    |
| Friday                  |           |    |          |    |
| Additional Information: |           |    |          |    |
| Parent's name:          |           |    |          |    |
| Parent's Signature:     |           |    |          |    |
| Date:                   |           |    |          |    |