

# POB CSD CHILD CARE

## Change of Schedule

Email:	
Attnd:	
CC:	
Auth:	
QBooks:	
Bill:	

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

**Student's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Change: (Please be specific & note new days, drop-off / pick-up times)**

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\*\* I understand there is a limit to how many changes in schedule can be made (as described in the Child Care registration packet/signed parent agreement) and this change must remain in effect for a minimum of one (1) month before another change of schedule is permitted.

**Parent Signature** \_\_\_\_\_

<p><b>Office Use Only:</b></p> <p><b>Effective Date:</b> _____</p> <p><b>CC Office Signature:</b> _____</p>
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