

POB CSD CHILD CARE

Email:	
Attn:	
CC:	
Auth:	
QBooks:	
Bill:	

Change of Schedule

Email this form to Childcare@pobschools.org

Today's Date: _____

Student's Name: _____

School: _____

Teacher: _____

Current Schedule:

New Schedule: (Must Include Days/Times that are remaining the same as well as new Days/Times)

Parent Signature _____

Office Use Only:

Effective Date: _____

CC Office Signature: _____