



# SCHEDULE CHANGE FORM

## EXTENDED CARE

ST. JOSEPH  
CATHOLIC SCHOOL

If you will be making a change to your family's regular Extended Care schedule, please complete this form so we can provide appropriate staffing for each day and make changes as needed.

**Child(ren)'s**

**Name(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Month:** \_\_\_\_\_

### ADDITION(S) TO REGULAR SCHEDULE:

*(write date, day, and AM/PM/Both (depending on the addition) for each added day)*

	<u>DATE</u>	<u>DAY OF WEEK</u>	<u>AM/PM/BOTH</u>
Ex.	<u>2/17</u>	<u>Friday</u>	<u>PM</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

### REMOVAL(S) FROM REGULAR SCHEDULE:

*(write date, day, and AM/PM/Both (depending on the addition) for each added day)*

	<u>DATE</u>	<u>DAY OF WEEK</u>	<u>AM/PM/BOTH</u>
Ex.	<u>4/21</u>	<u>Monday</u>	<u>Both</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*Please return to Extended Care or the school office by the 15<sup>th</sup> of the month prior to the change.\**