



Change of Schedule Request: 2024-25 Extended Day Plan

Child's Name: _____ Class: _____

*** PERMANENT Change Request** *All plan changes will be made effective the following month.*

Parent's Signature: _____ Current Date: ____/____/____

My student is to be removed from their current ED Plan, effective _____.

I am aware that if left after 3:30PM, my student will be entering Extended Day care.

Extended Day care options are as follows . . .

- Drop-In Care
- Monthly Plan
- Full Extended Day Plan

*** Extended Day MONTHLY AGREEMENT** - 3 options available:

Monthly Plan:

For a discounted monthly rate, please indicate the day, next to the times desired.

MORNING	M ____	T ____	W ____	TH ____	F ____
AFTERNOON until 4:30	M ____	T ____	W ____	TH ____	F ____
AFTERNOON until 6:00	M ____	T ____	W ____	TH ____	F ____

Drop In Care

Full Extended Day Plan includes all available Extended Day (7-8AM, 3:30-6:00PM, and all Holiday Care) at a rate of \$270/month for the 2024-2025 Academic School Year (9 months; September 1, 2024 - May 23, 2025).

For Front Office use: Request received ____/____/____ from parents *Copy to Business Office*
Change student schedule - Procure ____/____/____

For Business Office use: Date received ____/____/____

Modify Billing Box - Procure ____/____/____ *Added to Excel SS*