



Attendance Revision Form

Please give our director at least 2-4 weeks notice as availability is not guaranteed.

Parent's Name(s): _____

Child's Name: _____

Child's Class: _____

Current Schedule: _____
Mon. Tues. Wed. Thurs. Fri.

New Schedule: _____
Mon. Tues. Wed. Thurs. Fri.

Date Change Start Date: _____

Signature of Parent: _____ Date: _____

Signature of A. Director: _____ Date: _____

Signature of Director: _____ Date: _____

*Please return to the front desk after filling out!
Thank you!*