Shaker Heights Recreation Department
SCHOOL AGE CARE
SCHEDULE CHANGE & WITHDRAWAL FORM

Child Information:

School & Grade: _____Parent's Name: _____

Name: _____

Effective Month of Change: _____

Child's Current Schedule:

___Before Care ____Full Time ____Part Time (circle necessary days)
7:00 a.m. – start of school day Mon Tues Wed Thurs Fri

___After Care ____Full Time ____Part Time (circle necessary days)
close of school day – 6:30 p.m. Mon Tues Wed Thurs Fri

____Child was inactive from the program

****Please note: if your child attends more than three days a week, it is considered full time.***

Child's Revised Schedule:

___Before Care ____Full Time ____Part Time (circle necessary days)
7:00 a.m. – start of school day Mon Tues Wed Thurs Fri

___After Care ____Full Time ____Part Time (circle necessary days)
close of school day – 6:30 p.m. Mon Tues Wed Thurs Fri

____Child is being withdrawn from the program.

****Please note: Schedule changes must be turned in to the site administrator at least <u>one week prior</u> to the month in which the changes will be made effective.***

_____ _____
Parent's Signature Date

*****This form is to be used whenever there is a change in your child's schedule. You will be billed for the current schedule if you do not update your child's schedule. Please submit this form to Thornton Park or at your child's school age care site. *****