

CHANGE OF SCHEDULE/WITHDRAWL FORM

Date : _____

Child's Name: _____

Date(s) child will not attend Park's Edge: _____

Vacation Voucher used? Y / N

Date(s) child needs extra days at Park's Edge: _____

Date(s) child will need extended hours at Park's Edge: _____

_____ drop off time a.m. _____ pick up time p.m.

Requested Schedule Change: _____

Date Effective: _____

Withdrawing child from P.E.P. childcare services; Effective Date: _____

Parent Signature _____

Parent Signature _____

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