



NEEDHAM EXTENDED DAY PROGRAM
HELPING FAMILIES RAISE GREAT KIDS

SCHEDULE CHANGE FORM

Child(ren) Name(s): _____

Site: _____ Email: _____

PERMANENT SCHEDULE CHANGE:

Please indicate your desired new schedule:

Before School: Mon Tue Wed Thu Fri

After School: Mon Tue Wed Thu Fri

Effective Date: _____

ADDITIONAL DAY REQUEST:

Requested Date: _____

Please circle one: Before School (\$15) After School (\$45)

*additional day requests are granted if space is available

Signature: _____ Date: _____

For office use only:

Billing: _____

Confirm: _____

Attendance: _____

ALL SCHEDULE CHANGES WILL BE CONFIRMED VIA EMAIL