

Child's Schedule Change

Child's Name: _____ Class: _____

Parent Signature: _____ Date: _____

Care that is NO longer needed (Month/Day): _____

CARE NEEDED (Month/Day & In/Out Times): _____

FOR OFFICE USE ONLY:

Recorded by: _____

_____ Jan's Roster

_____ Sign In/Out Book

_____ Note to Classroom ~ Teachers, please make the above changes to your class roster. Thanks!