



Change in Before/After Care Schedule

Dr. Alissa Levy
Principal

Date:	Child's Name:
Parent/Guardian's Name:	Relationship:
Phone Number:	Email:
Guide's Name:	

Current Schedule:

Before school: M T W Th F

After school: M T W Th F

New Schedule (please include effective date of new schedule):

Before school: M T W Th F

After school: M T W Th F



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