

SUDBURY EXTENDED DAY
P.O BOX 696 SUDBURY, MA. 01776
978-443-5829 Fax: 978-440-8361

SCHEDULE CHANGE FORM

Child's Name: _____ School: _____
Date of Written Notice: _____ Grade: _____
New Student _____ Current Student _____

SCHEDULE

Effective Date Of Change: _____

ORIGINAL SCHEDULE:

NEW SCHEDULE:

Early AM (K & 1-5) M T W TH F

M T W TH F

Mid Kindergarten
AM or PM M T W TH F

M T W TH F

Kindergarten
After School M T W TH F
Pick Up Tme _____

M T W TH F
Pick up Time _____

Grades 1-8
After School M T W TH F
Pick Up Tme _____

M T W TH F
Pick up Time _____

Parent Signature _____ Date: _____

OFFICE USE ONLY

Current Fee: \$ _____ New Fee: \$ _____

Effective Date of Billing Change _____

Entered in Data Base: _____ (Initials) Date Entered: _____

Entered in Quick Books: Yes No M.T. Date Entered: _____

\$25 Change Fee: Yes No Entered on Spreadsheet: Yes No Date _____