

P.A.L.  
2021-2022 Change of Schedule Form

Initial When Done: Photo-Copy Sent: _____ In Add-ons / No: _____  Requested By: M / D
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**STUDENT NAME:** \_\_\_\_\_

SELECT ONE:

**Temporary Absence Notice** - My child will be absent from the P.A.L. Program for a consistent amount of time before resuming back to their original weekly schedule (ie. Family vacations, attending other afterschool activities, etc.). *Your original contracted rates will still apply during this time frame, as your child's spot will still be held.*

<b><u>Day(s) Absent from PAL:</u></b>	<b><u>Date(s) from:</u></b> _____	<b><u>to:</u></b> _____
M T W Th F		
AM's <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
PM's <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

**Schedule Change Notice** - I need to change the days my child attends the P.A.L. Program each week. I acknowledge that I must still pay the full weekly tuition(s).

<b><u>Current Schedule:</u></b>	<b><u>New Schedule:</u></b>
M T W Th F	M T W Th F
AM's <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	AM's <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PM's <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PM's <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

\*Date Change Goes into Effect: \_\_\_\_\_

**Withdrawal Notice** - I no longer need to send my child to the P.A.L. program. I understand their spot in the program will no longer be held.  
*(A two-week notice is required. If you fail to give the two-week notice, you are required to pay your original contracted rates for these first two weeks.)*

\*Date Change Goes into Effect: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Staff Initials \_\_\_\_\_