

P.A.L.
2024-2025 Change of Schedule Form

Initial When Done: Photo-Copy Sent: _____ In Add-ons / No: _____ Requested By: M / D

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.*

Day(s) Absent from PAL:

Date(s) from: _____ **to:** _____

M T W Th F

AM's

PM's

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).

Current Schedule:

New Schedule:

M T W Th F

AM's

PM's

M T W Th F

AM's

PM's

*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 _____