

P.A.L.  
2025-2026 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:**

M T W Th F  
AM's ☐ ☐ ☐ ☐ ☐  
PM's ☐ ☐ ☐ ☐ ☐

**New Schedule:**

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 \_\_\_\_\_