



**P.A.L.**  
**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).

<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 \_\_\_\_\_