



# Children in Action (CIA)

## Schedule Change Form

Child's Name \_\_\_\_\_  
 Parent/Guardian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Effective Date of Change \_\_\_\_\_

Type of Change (Circle one):                  Permanent                  Temporary

Please use the table below to indicate the date in the box or boxes that corresponds with the day, time, and school site of the schedule change you are requesting for your child; place an **A** next to the date if you wish to **ADD** the day or a **D** if you wish to **DELETE** the day.

**Schedule Change** (Check and initial): **1** \_\_\_\_\_ **2** \_\_\_\_\_ **3** \_\_\_\_\_

Site	Time	Monday		Tuesday		Wednesday		Thursday		Friday	
		Date	A/D	Date	A/D	Date	A/D	Date	A/D	Date	A/D
AM Field	7:00-9:00 AM										
PM Field	3:30-6:00 PM										
AM Tarkington	7:00-9:00 AM										
PM Tarkington	3:30-6:00 PM										
AM Twain	7:00-9:00 AM										
PM Twain	3:30-6:00 PM										
AM Whitman	7:00-9:00 AM										
PM Whitman	3:30-6:00 PM										

By \_\_\_\_\_

signing this form, I agree to pay any additional fees that may be incurred and authorize payment from my account for

Type	Fee	Quantity	Total	Paid
Schedule Change Fee	\$7.00			
Unreported Absence	\$5.50			
Unreported Punch Card Visit	\$5.50			
Additional AM	\$7.50			
Additional PM	\$10.00			
Late Pick-Up	\$1.00/per minute			
<b>TOTAL CHARGES</b>				

schedule changes, additional days, late pick-up, and failure to report absences.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date