PADDOCK'S EARLY CHILDHOOD CENTER School Age SCHEDULE CHANGE

Foday's Date		Effe Date			ıge		_
Child's Last Name	Child's First Name						NATIONAL DESIGNATION OF THE PARTY OF THE PAR
Sind S Dast Ivame	Child 5 First Name						
Parent's Name	Home Phone		7	Wor	k Pł	one	
	Parent Sign	ature					-
Now Schodulo dosiro	A.						
child will be in attenda program.	nnce in <u>new</u> schedule. Please in new schedule. Please in ance. Write DROP across form errors for all schedule chan	if disc	con	tinu	ıing		
Circle Days of attenda child will be in attenda program. (Two week paid notice	nnce in <u>new</u> schedule. Please in new schedule. Please in ance. Write DROP across form errors for all schedule chan	if disc	con	tinu	iing es	the	

Please fill out and return this form to Paddock's Early Childhood Center office two weeks before you desire a change in schedule.

Return to: Paddock's Early Childhood Center

707 Marvin Milan, MI 48160 (734) 439-5159

PADDOCK'S EARLY CHILDHOOD CENTER Preschool SCHEDULE CHANGE

Γoday's Date		Effe Date			ıge	
Child's Last Name	Child's First Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Parent's Name	Home Phone		7	Wor	k Pł	one
New Schedule desired						
Circle Days of attenda child will be in attenda program.	: nce in <u>new</u> schedule. Please in nce. Write DROP across form required for all schedule chang	clude if disc	con	tinu	ing	
Circle Days of attendachild will be in attendaction program. (Two week paid notice)	: nce in <u>new</u> schedule. Please in nce. Write DROP across form required for all schedule chang	clude if disc	con	tinu	ing es	
Circle Days of attendachild will be in attendaction program. (Two week paid notice dropping children fromPreschool AM	: nce in <u>new</u> schedule. Please in nce. Write DROP across form required for all schedule chang n the program.) 9:00 a.m. – 12:00 p.m.	clude if disc ges or	con fai	tinu milio	ing es	the F

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