

**HTCS EXTENDED DAY SCHEDULE CHANGE FORM (PK-8<sup>th</sup>)**

Week of Monday, \_\_\_\_\_

Child's Name \_\_\_\_\_ Homeroom \_\_\_\_\_ Child's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

Child's Name \_\_\_\_\_ Homeroom \_\_\_\_\_ Child's Name \_\_\_\_\_ Homeroom \_\_\_\_\_

**Please circle:**

Before School Only (\$5 per day):            Monday      Tuesday      Wednesday      Thursday      Friday

After School Only (\$12 per day):            Monday      Tuesday      Wednesday      Thursday      Friday

Before & After School (\$17 per day):        Monday      Tuesday      Wednesday      Thursday      Friday

**This schedule will remain in effect as of the above date until another Change Order is submitted.**

*All weekly schedule changes must be submitted at least 7 days in advance. Billing is based on the schedule change forms submitted. Payments are due to the school office on a weekly basis, by Monday at 3 p.m., for that week of service. A late fee of \$10 will be assessed if payment is received late. I understand that I will be responsible for payment of the above schedule.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only: Date Rec'd \_\_\_\_\_ Date Billed \_\_\_\_\_ Schedule Changed \_\_\_\_\_

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