



STUDENT SCHEDULE AND INFORMATION UPDATES

Due Monthly for all students by the 15th of the month prior

Schedule for the month of _____, 2017

Child's Name _____ Today's Date _____

No Planned Changes This Month

Planned **Absences** This Month:

Request for **Additional Days**: *Please list the date and indicate AM or Full Day*

You will be notified of approval after the billing for the month. If approved, the additional days will be billed separately. No schedule change fee will be charged as long as the request is submitted prior to billing for the month. (Note: Adding a day after billing includes a \$15 change of schedule fee.)

School Age Students- will you need care for any...

• Early Release Dates	Yes, what dates _____	No
• School Closure Dates	Yes, what dates _____	No
• School Vacation Dates	Yes, what dates _____	No

Additional Information or Comments for First Light:

Changes to Report: *Please attach a copy of information for updates*

• Contact Information	Yes	No
• Immunization Updates	Yes	No
• Authorized Drop Off/Pick Up	Yes	No

Parent's Signature _____

Office Only
Entered by: _____ Date: _____ Email: _____ Phone call: _____
Form (FL Error____) ⇌ Approval by ED.C. ⇌ Billing ⇌ ED.C. ⇌ Teacher Document in Binder