



65 Ronald Reagan Blvd, Warwick, NY 10990 845-987-7771

A Change to my Child's Regular Schedule is as follows:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Effective Dates: _____

Child's Name: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Date Signed: _____