

HERCULES BEFORE AND AFTER SCHOOL AND TINY TOTS PROGRAMS

Supervisors Name: _____

PROGRAM CHANGE FORM

Approved

Declined

Approval Date: _____

Comments: _____

CHILDS NAME: _____

PARENTS NAME: _____

PROGRAM SITE: HANNA OHLONE LUPINE SPOT TT/LL/JR.K

CHANGING MONTHLY PROGRAM: DROPPING PROGRAM:

REASON: MOVING NEW CHILD CARE NO LONGER NEEDED OTHER

CURRENT PROGRAM AM CARE

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 - 8:30 A.M.					

CHANGE PROGRAM AM CARE

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:00 - 8:30 A.M.					

CURRENT PROGRAM PM CARE

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Dismissal - 5:30pm					
Dismissal - 6:30pm					

CHANGE PROGRAM PM CARE

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Dismissal - 5:30pm					
Dismissal - 6:30pm					

CHANGING DAYS ATTENDING-CURRENT

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHANGING DAYS TO:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHANGE EFFECTIVE DATE: _____

PARENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

COMPLETED BY: _____ DATE: _____