



SCHEDULE CHANGE FORM

This form must be completed and signed by the parent/guardian and processed by the EASY Care department before any change can be effective. A **thirty day** notice is required to end or decrease days of service. **Changes are made at the first of each month.** If you need to increase days of service please check with the EASY Care coordinator to ensure this change can be accommodated before turning this form in.

Student Name: _____

Parent/Guardian: _____

Student attends EASY Care at the following campus:

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Barton Creek | <input type="checkbox"/> Bridge Point |
| <input type="checkbox"/> Cedar Creek | <input type="checkbox"/> Eanes |
| <input type="checkbox"/> Forest Trail | <input type="checkbox"/> Valley View |

Student is presently enrolled in the following program:

- 5Day 4Day 3Day 2Day Drop in

Student is changing enrollment to the following program:

- Increase in days Decrease in days WITHDRAW
- 5Day 4Day 3Day 2Day Drop in

NEW EASY CARE PROGRAM TO BEGIN AS OF THIS DATE: _____

Parent/Guardian Signature

DATE

OFFICE RECEIVED DATE _____ ENTERED INTO SYSTEM _____