



4-C Community Coordinated Child Care
Schedule Change Notification Form

Child's Name: _____

New Schedule Effective Date (if applicable): _____

Attendance Schedule

School Schedule

Drop-Off Time: _____

Drop-Off Time: _____

Pick-Up Time: _____

Pick-Up Time: _____

Days of Care (Check all that apply):

Weekdays (Mon–Fri)

Days Vary

Weekends (Sat–Sun)

Times Vary

Both Weekdays & Weekends

Parent/Guardian Authorization

I acknowledge that I am requesting a change to my child's enrollment schedule and understand that this information will be used for attendance and CACFP meal participation documentation.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Provider Information

Provider Name: _____

Provider Signature (optional): _____

Date Received: _____