

**PARENT'S CHANGE OF SCHEDULE FORM – SCHOOL-AGED CHILDREN ONLY**

No Changes will take place if there is an outstanding co-pay

<b>Family Specialist Name:</b>		<b>Record #:</b>	
<b>Parent's Name:</b>		<b>Parent's Telephone #:</b>	
<b>Child/Children's Name(s) &amp; Age(s).</b> Please note if children are on different schedules.			

<b>Provider Name:</b>		<b>Provider ID#:</b>	
<b>Provider's Telephone #:</b>			

PROVIDER CARE SCHEDULE							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Start Time:</b>							
<b>End Time:</b>							

<b>School Type:</b> <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Catholic				<b>Name of School:</b>	
<b>Please select type of school instruction</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	<input type="checkbox"/> In school	<input type="checkbox"/> In school	<input type="checkbox"/> In school	<input type="checkbox"/> In school	<input type="checkbox"/> In school
	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home	<input type="checkbox"/> Virtually at Home
	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider	<input type="checkbox"/> Virtually with the Provider

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Please email or fax form to ELRC5. Email: [ELRC5@alleghenycounty.us](mailto:ELRC5@alleghenycounty.us) Fax: (412) 350-3575

