



# MTW Extended Day Change Form

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New York, NY 10036  
Tel (212) 307-5523  
MTWExtendedDay@verizon.net

Midtown West School - PS 212 - NYC

## There is a \$15 fee for a schedule change request.

You must use this form to change the number of days your child attends the program, or to request an activity change. You made add or switch days but families may not drop days (until the second semester).

**This form must be returned 7 days before the requested change. Change requests returned after that will be made the following week.**

CHILD'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Last First

❖ ORIGINAL DAYS ATTENDING MON TUE WED THU FRI

❖ REQUESTED CHANGE (explain) \_\_\_\_\_

❖ NEW SCHEDULE MON TUE WED THU FRI

❖ ACTIVITY CHOICE FOR THE NEW DAY(S) or REQUESTED ACTIVITY CHANGES

\_\_\_\_\_ DAY \_\_\_\_\_  
(1<sup>st</sup> Session Activity – 1<sup>ST</sup> Choice) (1<sup>st</sup> Session Activity – 2<sup>nd</sup> Choice)

\_\_\_\_\_ DAY \_\_\_\_\_  
(2<sup>nd</sup> Session Activity – 1<sup>ST</sup> Choice) (2<sup>nd</sup> Session Activity – 2<sup>nd</sup> Choice)

\_\_\_\_\_ DAY \_\_\_\_\_  
(1<sup>st</sup> Session Activity – 1<sup>ST</sup> Choice) (1<sup>st</sup> Session Activity – 2<sup>nd</sup> Choice)

\_\_\_\_\_ DAY \_\_\_\_\_  
(2<sup>nd</sup> Session Activity – 1<sup>ST</sup> Choice) (2<sup>nd</sup> Session Activity – 2<sup>nd</sup> Choice)

❖ EXPECTED START DATE: \_\_\_\_\_

PRINT PARENT NAME \_\_\_\_\_

Telephone: \_\_\_\_\_

For Office Use Only: ML TORY ATT BKPR