

KIAGA

CHANGE IN TEAM HOURS FORM

DATE: _____ TEAM MEMBER'S FIRST NAME: _____

LAST NAME: _____

I AUTHORIZE KIAGA TEAM TO CHANGE MY CHILD'S WEEKLY HOURS AS FOLLOWS:

TOTAL WEEKLY HOURS

FROM: _____

TO: _____

PARENT SIGNATURE

KIAGA Received: _____

PLEASE RETURN FORM TO FRONT DESK