

Editable Form Instructions

Electronic:

This form is an Editable PDF and the required fields on the form can be filled in directly by just typing, using the Latest Version of Adobe Acrobat Reader. Also with the Latest Version of Adobe Acrobat Reader, you can sign the form electronically saving you time. You then could Email the entire form to MLEDP for convenience.

For Desktops and Laptops: Click:  or go to: <https://get.adobe.com/reader>

This form is most easily filled out on a desktop or laptop computer, but you can also use a mobile device, such as a smart phone or tablet, but you **MUST** install the **Mobile Version** of **Adobe Acrobat Reader** on your iOS, Android, or Windows device. **Go to your App Store to get the Mobile Version of Adobe Acrobat Reader.**

Mobile Note: Use the Pencil tool to sign with your finger, not the Sign tool

NOTE - AND THIS IS A BIGGIE

In Adobe Acrobat Reader, once you use the Fill & Sign Tool > Sign, and place a signature on the document, and then SAVE the document, you CAN NOT ALTER the form or add anything else. Saving the form with a signature on it, locks the form. This is a security function of Adobe Acrobat Reader.

Saving the document with an electronic signature is the key function.

DO NOT SAVE it until it is **completely filled out.**

Once you Save a form with an Electronic Signature on it (using the Fill & Sign Tool > Sign) it is LOCKED FOREVER

Email: If you fill in the form and sign electronically, email the form to: Kids@MLEDP.org

Print Form:

You can also fill in the form electronically then print the form and sign by hand. You would then have to Mail the Form to MLEDP.

Mail the Form to:

MLEDP
250 Mt. Lebanon Blvd.
Suite 414
Pittsburgh, PA 15234

Scroll Down to the **School Year Care Permanent Schedule Change Form** below

School Year – Permanent Schedule Change

Requests for schedule changes must be made in writing two (2) weeks prior to the desired change.

Child's Name: _____

Center Location: _____

Your Daytime Phone: _____

Effective Date of Permanent Schedule Change: _____

Current Schedule - Designate Current Days of Care by ✓ Checking in each box:

CURRENT Schedule		Monday	Tuesday	Wednesday	Thursday	Friday	Full Week
	AM Care Only 7:00 AM to 8:30 AM						
	PM Care Only 3:30 PM to 6:30 PM						
Both - AM & PM							

New Schedule – Designate New Days of Care needed by ✓ Checking in each box:
Just ✓ Check Full Week for all the days within that week – you will be billed accordingly

NEW Schedule		Monday	Tuesday	Wednesday	Thursday	Friday	Full Week
	AM Care Only 7:00 AM to 8:30 AM						
	PM Care Only 3:30 PM to 6:30 PM						
Both - AM & PM							

Signature: _____

Date: _____