York Region

EARLYON BUSINESS CHANGE REQUEST FORM - A

EARLYON PROGRAM INFORMATION

Agency name

EarlyON program name

EarlyON program full address

Submitted by (name and position)

Telephone

Designated (signing)Authority

Name:

Position: Telephone:

Signature: Completion date

SECTION 1: PROPOSED BUSINESS CHANGE (NO IMPACT TO EARLYON BUDGET/SCHEDULE B)

Relocating an EarlyON program (temporarily)

Proposed new programs:

Closing an EarlyON program (temporarily)

Proposed date of reopening:

Other requirement(s)

Please state the other requirement(s):

Closing an EarlyON program (permanently)

Reopening of EarlyON program listed on schedule B

Proposed date of reopening:

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SECTION 2: DETAILS OF PROPOSED BUSINESS CHANGE

Date proposed change to take effect:

Rationale for change:

Alternative options considered:

Proposed transition plan:
Please include communication plan to notify families, other stakeholders and community of the proposed change:

Additional comments:

Please submit the completed form to your Community Program Coordinator via email.

York Region Review

THIS SECTION TO BE COMPLETED BY YORK REGION STAFF ONLY

Additional information required: **Yes** **No** Request approved: **Yes** **No**

Comments:

Regional sign-off

Manager, EarlyON program (signature)

Date (mm/dd/yyyy)

Comments: