

# SCHEDULE CHANGE FORM



Dear Parent(s),

This form is a request to change your child's schedule at the center. We will do our best to accommodate your needs for care. However, our classroom sizes are limited. You will be notified if we have reached our maximum class size on any day and are unable to accommodate your request. **Please note that when the center is closed for holiday observance, staff training, or weather conditions, weekly tuition remains the same.**

**\*A two week notice of any schedule change is required and a change form must be submitted.**

Please complete and return to the front desk. Thank you!

Child's Name \_\_\_\_\_

Classroom \_\_\_\_\_

This change is for: \_\_\_\_\_ One week only \_\_\_\_\_ Regular Weekly Schedule

Circle all days your child **CURRENTLY** attends:

**Mon    Tues    Wed    Thurs    Fri**

Circle all days **REQUESTED** for new attendance:

**Mon    Tues    Wed    Thurs    Fri**

Date change to begin: \_\_\_\_\_

**Parent's signature** \_\_\_\_\_



## Office use only

Director/Administrator confirming the change \_\_\_\_\_

Parent notified of decision \_\_\_\_\_

Tuition \_\_\_\_\_ Schedule \_\_\_\_\_

Route to:

- \_\_\_\_\_ Director
- \_\_\_\_\_ Wing Coordinator
- \_\_\_\_\_ Teacher
- \_\_\_\_\_