

Request for Schedule Change Form

Any schedule changes require a 2-week notice before implementation

Today's Date: _____

Child's Name: _____

Classroom: _____

Date the change is to take place: _____

Currently Attending (days & hours):

Mon	Tues	Wed	Thurs	Fri
_____	_____	_____	_____	_____

Would like to change to (days & hours):

Mon	Tues	Wed	Thurs	Fri
_____	_____	_____	_____	_____

All schedule changes must be approved by the director.

I understand my new weekly tuition rate will be: _____

Parent/Guardian Signature: _____

Program Director Signature: _____

Comments:

