

Change of Schedule Form

Use this form to request a permanent change in schedule

Child's name: _____

Current Schedule:

CLASSROOM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Requested Schedule:

CLASSROOM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

We are requesting a two week notice to change schedules; as stated in the hand book. If a two week notice is not given, you will be charged a \$10 change of schedule fee. In addition, there may be a change in the amount of vacation days allotted to your child and/or a change in the discount you receive for multiple children. Please see the office/director for account specific information.

Effective Date for REQUESTED schedule: _____

Parent Signature: _____

Today's Date: _____

PARENTS PLEASE COMPLETE THE TOP PORTION ONLY
Thank you for your cooperation

****For Office Use Only***

Form rcv'd on: ____/____/____ by: _____

Change approved by: _____

Accounting Change Form: _____

Current Tuition: _____ New Tuition: _____

Adjust Vacation Log: _____

Billing changed by: _____ Date changed: ____/____/____

Fee (if applicable): _____

Notes: _____

