



CHANGE OF SCHEDULE REQUEST FORM

Use this form to request a change to your child's schedule. We will do our best to accommodate your needs for care, however, please understand that 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.

A 60-DAY NOTICE OF ANY CHANGE IS REQUIRED AND A CHANGE REQUEST FORM MUST BE SUBMITTED

Student Name: _____ Class: _____

Current Schedule:

- Monday-Friday
- Mon./Wed./Fri.
- Tues./Thurs.

Requested New Schedule:

- Monday-Friday
- Mon./Wed./Fri.
- Tues./Thurs.

First week of NEW SCHEDULE CHANGE: _____

Parent Signature : _____

Office Use Only

Date Received : _____

Effective Date: _____