

SCHEDULE CHANGE FORM

This form is to be used whenever you are requesting a change in your child's schedule. Administration must have a minimum of two (2) weeks notice of any desired schedule change. All changes must be approved by Administration. A copy of this form will be returned to you approving or denying the requested change.

Please note if your child is part-time, your tuition covers your child's regularly scheduled days. Any additional days, if approved, will mean an additional cost.

Please place the completed form in Ms. [Name]'s mailbox. Administration will return this form to you in a timely manner.

Child's Name _____

Classroom _____

Schedule Change

effective date of proposed change _____ from _____ to _____
(effective date) (present schedule) (desired schedule)

Drop In Request

for the following date(s) _____

CANCELLATION POLICY: Accounts are charged every Monday morning. If you wish to cancel a previously scheduled drop-in day, notice must be submitted to Administration by Friday of the week prior to the drop-in day in order for us to be able to adjust your account. Once your account is charged, there will be no refunds.

Parent Signature _____ Date Submitted _____

Schedule Change Approved **Schedule Change Denied** **New Tuition Rate** _____

Drop In Approved **Drop In Denied** **Drop In Rate** _____

Administrative Signature _____

Date _____

Change entered into computer

Date _____