

Summer 2023 Schedule Change Form (Infant/Toddler/Preschool)

CHILD'S NAME _____ ROOM _____

_____ I wish to **ADD** time to my child's schedule. (Please complete the schedule below, indicating half-day(s) to be added with the word "ADD" and the half-days your child is currently scheduled with an "X".)

_____ I wish to **DROP** time from my child's schedule. (Please complete the schedule below, indicating half-day(s) to be dropped with the word "DROP" and the half-days you wish to keep with an "X".)

DO NOT DROP BELOW THE MINIMUM OF 2 HALF-DAYS PER WEEK (2 different days/week).

The Center will be closed Monday, May 29 (the day before the Summer semester begins); Tuesday, July 4; and Monday, Aug. 21 – Friday, Aug. 25 (the week after the Summer semester ends). The Fall semester begins on Monday, August 28, 2023.

Session A (May 30 – June 9, 2023)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session B (June 12-23, 2023)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session C (June 26 – July 7, 2023)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session D (July 10-21, 2023)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session E (July 24-August 4, 2023)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session F (August 7-18, 2023)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

We will do our best to accommodate schedule changes, but cannot guarantee additional time once your original schedule is established. No scheduled time may be dropped unless the Center has a waiting list and is able to fill the time by scheduling another child. Schedule changes are processed as quickly as possible; the Enrollment Manager will notify you as to whether your request can be accommodated.

Date you would like the above change(s) to be effective (if approved): _____

I agree to a Schedule Change Fee of \$15 being assessed to my account.

Parent/Guardian signature: _____ Date: _____

For Office Use Only

Effective Date: _____ In Computer: _____ By: _____

Schedule Change Fee: _____ Date: _____ Initials: _____

Billing Adj.: _____