

Schedule Change Form

CHILD'S NAME _____ ROOM _____

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

	Monday	Tuesday	Wednesday	Thursday	Friday
Infant/Toddler/ Preschool	Do not drop below the minimum of 2 half-days per week (over two days per week)				
7:00 am-12:30 pm					
12:30-6:00 pm					
School-Age	Do not drop below the minimum of 2 after-school days per week (over two days per week)				
11:00 am-6:00 pm					
12:30-6:00 pm					
2:30-6:00 pm					
3:30-6:00 pm					

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's/Guardian's Signature _____ Date _____

FOR OFFICE USE ONLY

EFFECTIVE DATE: _____ IN COMPUTER: _____ BY: _____

SCHEDULE CHANGE FEE _____ DATE: _____ INITIALS _____

BILLING ADJ.: _____