

Summer 2024 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 27 (the day before the Summer semester begins); Thursday, July 4; Monday, July 15-Friday, July 19; and Monday, August 19 – Friday, August 23 (the week after the Summer semester ends). The Fall semester begins on Monday, August 26, 2024.

Session A (May 28– June 7, 2024)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session B (June 10-21, 2024)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session C (June 24 – July 5, 2024)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session D (July 8-12, 2024) this is a 1-week session					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session E (July 22-August 2, 2024)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session F (August 5-16, 2024)					
	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.: _____