

Summer 2025 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 Friday, July 4; and Monday, Aug. 18 – Friday, Aug. 22 (the week after Summer semester ends). The Fall semester begins on Monday, Aug. 25.)

Session A (May 27 – June 6, 2025)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session B (June 9-20, 2025)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session C (June 23 – July 3, 2025)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session D (July 7-18, 2025)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session E (July 21 – August 1, 2025)					
	M	T	W	R	F
7:00 to 12:30					
12:30 to 6:00					

Session F (August 4-15, 2025)					
	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, regardless if the request is approved/denied.

Parent/Guardian signature: _____ Date: _____

For Office Use Only

Effective Date: _____ In Computer: _____ By: _____

Schedule Change Fee: _____ Date: _____ Initials: _____

Billing Adj.: _____