

# Schedule Change Request: Permanent

Child's name \_\_\_\_\_ Room number \_\_\_\_\_

Teacher's name \_\_\_\_\_

Date you wish change to go into effect \_\_\_\_\_

Reason for your request/additional information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Session:             Academic Year     July     August

Breakfast Program:    Add    Cancel

Before-/Aftercare:    Add or change to **monthly**     Add or change to **hourly**

Change daycare hours             Cancel daycare

**Preschool only:**     Change days child attends

Days	Hours Attending— <b>Current Schedule</b>	Hours Requesting to Attend— <b>New Schedule</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

We do our best to accommodate schedule change requests.  
**Please allow up to five school days for us to review your request and get back to you.**

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_