

SCHEDULE CHANGE REQUEST

(PLEASE CHECK ONE)

CHILD'S NAME: _____

TODAY'S DATE: _____

PERMANENT SCHEDULE CHANGE
(Need to give a two week notice)

REQUESTED NEW SCHEDULE _____
DAYS OF THE WEEK

BEGINNING _____
REQUESTED EFFECTIVE DATE

SWITCH: (\$20 fee) **SWITCH LUNCH** (no fee)

CANCEL _____
DATE

HERE _____
DATE

ADD: **ADD LUNCH** (fee applies)

Please list dates below:

PARENT SIGNATURE

DATE

OFFICE USE ONLY:

SCHEDULE CHANGED SIGN IN AND OUT SHEET CHANGED CHARGES APPLIED