

### CHANGE OF SCHEDULE

Child's Name: \_\_\_\_\_ School Site: \_\_\_\_\_

**Schedule Now:**

Before Care: *(please circle)*      Yes    No

After Care: *(please circle)*      Yes    No

*(circle days attending)*    Monday    Tuesday    Wednesday    Thursday    Friday

**New Schedule Desired:**

Before Care: *(please circle)*      Yes    No

After Care: *(please circle)*      Yes    No

*(circle new days)*      Monday    Tuesday    Wednesday    Thursday    Friday

**This schedule is not guaranteed, it will be approved pending there is enough room on the days circled above. Once this request is reviewed, you will receive a phone call to discuss the decision.**

Phone Number: \_\_\_\_\_

*Please be advised if your child's new schedule has additional days there will be an increase in price. If you have dropped days the payment will decrease. Refer to the website for the pricing info. **Please submit this request by the 15<sup>st</sup> of the month so your monthly tuition can be adjusted for the next month's payment.***

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_