



SCHEDULE CHANGE REQUEST **FORM**

Please note that schedule changes are subject to availability in the classroom for either increasing or decreasing your schedule. If the schedule is approved it will take place on either the 1st or 16th of the next month.

Child's Name: _____ **Room:** _____

Today's Date: _____ **Desired Start Date:** _____

Daytime Phone #: _____

E-mail: _____

Current Schedule: _____

Requested Change: Please check one and indicate any comments

5 Full Days _____

4 Full Days (Please specify days) _____

3 Full Days (Please specify days) _____

5 Mornings _____

5 Afternoons _____

Any Additional Comments: _____

For Office Use Only

Schedule Approved:

	Full day	AM	PM
Mon.	_____	_____	_____
Tues.	_____	_____	_____
Wed.	_____	_____	_____
Thurs.	_____	_____	_____
Fri.	_____	_____	_____

Effective Date: _____

Classlist: _____

Billing: _____