



Schedule Change Request Form

Child's Name: _____

Classroom: _____ Current Schedule: _____

Families are expected to retain their child's enrollment schedule for a whole semester. Schedule changes must be submitted no later than 4 weeks prior to the start of the new semester and will be approved based on availability. Approved enrollment schedule changes will take effect on the first day of the new semester. Enrollment schedule change requests submitted after the start of the semester will be considered and approved based on availability.

Schedule Change Request

I am requesting the following schedule change:

- Monday - Friday
- Monday - Wednesday - Friday
- Tuesday - Thursday

Requested Date of Schedule Change (cannot back date): _____

Parent Signature: _____ Date Submitted: _____

For Office Use

___ Request approved

___ Request not approved at this time

Notes: _____

Director Signature: _____ Date Reviewed: _____

___ Parent notified ___ Billing updated