



# Schedule Request

Account Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birthday \_\_\_\_\_

Date change will be effective (if approved) \_\_\_\_\_

30 days' notice is required for your requested schedule change. We review schedule change requests twice a month, at the 1st of the month and after the 14th. If your request misses one of those reviews, your request will be considered at the next review.

If we cannot approve your request by the date you prefer, we will continue to review your request while we still hold it. If we have an unexpected opening between reviews, we can approve your request and your child's new schedule can begin immediately. Please withdraw your request if your plans change.

*Please list all days of your preferred schedule (including days you already use).*

	Drop Off Time	Pick up Time
<b>Monday</b>	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
<b>Tuesday</b>	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
<b>Wednesday</b>	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
<b>Thursday</b>	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
<b>Friday</b>	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)

I understand that adding days to my child's schedule may require a tuition increase. Mid-month tuition changes will be prorated. I approve your charging my on-file credit card before the new schedule begins.

I understand that reducing days from my child's schedule may result in a tuition credit. Mid-month tuition changes will be prorated. I approve your keeping my credit on account where it will be applied to next month's tuition.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

For office use

New monthly payment amount \$ \_\_\_\_\_

Amount due at this time \$ \_\_\_\_\_

Recorded in ProCare:  Roster  Schedule  Printed  Ledger  Contract Billing

New Statement to Parent  Copied Form to Parent

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date