



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 15th. 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
Monday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Tuesday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Wednesday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Thursday	_____ AM/ PM (circle one)	_____ AM/ PM (circle one)
Friday	_____ 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 \$ _____

For Office Use:

Master Roster

Contract Billing

Printed

Schedule

Parent Confirmation

Director

Date

Office Manager

Date