



# 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 1<sup>st</sup> or 16<sup>th</sup> 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:* \_\_\_\_\_

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**For Office Use Only**

Schedule Approved:

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

Effective Date: \_\_\_\_\_

Classlist: \_\_\_\_\_

Billing: \_\_\_\_\_