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: _________________________________________

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For Office Use Only

Schedule Approved:

<table>
<thead>
<tr>
<th></th>
<th>Full day</th>
<th>AM</th>
<th>PM</th>
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</thead>
<tbody>
<tr>
<td>Mon.</td>
<td>______</td>
<td>___</td>
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<tr>
<td>Tues.</td>
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<tr>
<td>Wed.</td>
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<td>Thurs.</td>
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<tr>
<td>Fri.</td>
<td>______</td>
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Effective Date: ___________________________ Classlist: ________________

Billing: ____________________________