



SCHEDULE CHANGE REQUEST

Please submit this form as soon as you are sure you need to make a change to your child(ren)'s schedule.

This request is for my child(ren): _____

I would like to:

_____ Have my schoolager(s) attend on the following non-school day(s): _____

_____ Request the following drop-in hours or days: _____

_____ Request vacation reduced rates for the following days when my child will not be here (requires at least two week notice): _____

_____ Change a Schedule Change Request that has already been approved as follows and am enclosing a \$5.00 per shift changed (will be refunded if change is not available): _____

_____ Change my child(ren)'s schedule as follows: _____

I prefer to receive confirmation or a response on this request via:

_____ Email

_____ Text on cell phone number: _____

_____ Enclosed is the check for the tuition due. Requests are incomplete without a check will be returned. I know openings are filled first come, first served. My check will be returned to me if my request is not approved. Once this request is approved, **I understand that this payment is non-refundable** because staffing may need to be increased, additional food and supplies will be purchased for my child(ren) to attend that day, and other families may be turned away because the spot is already filled.

Print Name

Phone Number

Signature

Date of signature