



REQUEST / CHANGE FORM

Child's Name: _____ Room#: _____ Today's Date: ____/____/____
Parent's Name: _____ Effective Date: ____/____/____

NEW ADDRESS NEW PHONE NUMBER Carrier: _____
Contact Name: _____ Contact Name: _____
Address: _____ Home Phone: _____
Work Phone: _____

PERSON AUTHORIZED TO PICK-UP CHILD Add Delete One Time Only
Name: _____ Driver's License #: _____

TWO MONTHS ADVANCE NOTICE REQUIRED FOR SCHEDULE CHANGE REQUEST
(If there is available space earlier, we will notify you.)

Current Schedule: _____
PROGRAM: [] Infant/Toddler (Room 1) [] Toddler (Room 2) [] Pre-Primary (Room 3) [] Primary (Rooms 4-7) [] Pre-K to 6th Grade (Rooms 8-11) [] After-school Program [] Additional Day _____
NEW SCHEDULE: [] Full Time (7:00-6:00 M-F) [] Academic Day [] Academic AM [] Academic PM [] 3 Days (not applicable for rooms 8-11) [] 2 Days (not applicable for rooms 8-11) [] Mornings (not applicable for rooms 8-11)

ABSENCE NOTICE (Please note that there is no tuition credit for holidays, illness, absences or vacation.)
As a courtesy notice to your child's teacher, please let us know of any extended absences.
____/____/____ to ____/____/____ due to _____

MONTHLY LUNCHES Add Cancel 5 Days (M - F) 3 Days (M W F) 2 Days (T Th)
*Monthly lunches will not be pro-rated; therefore notice must be given before the 1st day of the month to add/cancel for the following month.

Parent's Signature: _____ Date: _____

- OFFICE USE ONLY -
Approved Effective Date: ____/____/____ Date Logged: ____/____/____ Initials: _____
Date Entered in Computer: ____/____/____ Initials: _____
Comments: _____
Authorized School Official Signature: _____ Date: ____/____/____