



Child Care Schedule Change Request Form

Parent/Guardian Name: _____

Student Name: _____ School: _____

Current Schedule:

Please check the days per week your student is currently attending (2, 3, or 5 days only):

Before School: Monday Tuesday Wednesday Thursday Friday

After School: Monday Tuesday Wednesday Thursday Friday

New Schedule:

Please check the days per week you are requesting to change (2, 3, or 5 days only):

Before School: Monday Tuesday Wednesday Thursday Friday

After School: Monday Tuesday Wednesday Thursday Friday

Date Requesting: _____

By signing below, I acknowledge and agree to the following:

- *I understand that schedule changes require 14 days notice in advance*
- *I understand any cancellations/refunds require 30 days notice.*
- *I understand that a change in schedule that effects a change in my financial obligation will not be refunded unless there is a 30 day notice.*
- *I understand my request may not be approved for the date above if I do not provide notification in a timely manner.*
- *I understand that not all changes may be accommodated due to site capacity on certain days.*

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY

Approved By: _____ Date: _____ Schedule Change Effective: _____

Comments: _____

Processed in Daxko by: _____ Date: _____