



Schedule Change / Termination Request Form

Submit completed form to request a schedule change for the remainder of the semester or to request termination of the enrollment contract. Please submit one form per child. Return completed form to the Front Office within 14 days (about 2 weeks) prior to request.

Child's Name: _____

Child's Classroom: _____

Request to Change Schedule

Effective Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
<i>Current Schedule</i>					
<i>New Schedule</i>					

Request to Terminate Services

Effective Date: _____

Extended Leave of Absence **(Family Fee/tuition must be paid before leave of absence. No credit for absences, vacation, or limited term leave.)**

Effective Start Date: _____

Effective Date of Return: _____

Reason for Request:

Parent Signature: _____

Date: _____

For Office Use Only

Approved

Payment Received

Receipt #: _____

Not Approved

Administrative Signature: _____ Date: _____