

**Schedule Change Form**

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

I would like to:

- Add one full day on: \_\_\_\_\_
- Add one half day on: \_\_\_\_\_
- Change from a full/half day on \_\_\_\_\_ to a full/half day on \_\_\_\_\_
- Make a permanent change to add/remove a full/half day on: \_\_\_\_\_  
\_\_\_\_\_
- Use **daycare only** floating "vacation" days on (10 days per year): \_\_\_\_\_  
\_\_\_\_\_
- Discontinue care effective: \_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_

I hereby understand that upon approval of this form by the Director of Shining Lights Early Childhood Center, I will be charged for the additional day/days regardless of whether my child attends school that day or not. I understand that if my child is in the infant, walker or toddler class, I can request up to ten tuition free days off with a minimum of two week's notice. I also understand that I am allowed to request a change to my child's permanent schedule one time per year at no additional charge.

Please submit this form **two weeks** prior to the week that you wish to change. This will allow our staff ample time to provide coverage and materials for that child. Failure to provide two weeks' notice will result in a \$10.00 Schedule Change Fee being applied to your account. You must have received confirmation from the director before any schedule change is final.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Director's Signature: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_

Bookkeeper's Signature: \_\_\_\_\_

Date: \_\_\_\_\_