CHANGE IN CLASS SCHEDULE

We must have your written request at least one week before the change.
Please return this request form to the preschool office. Thank you.

Today's Date: _____

Child's Name: _____ Child's current class name: _____

Current Class Program: # of days _____ Days: _____ Hours: _____

Please Change Program to: # of days _____ Days: _____ Hours: _____

Beginning Month and Day: _____

Reason for Change:_____

_____

_____

Parent Signature: _____ Phone Number: _____

OFFICE USE ONLY
Changes made to PROCARE: billing ___ ledger___ child's schedule___ sign-in sheets ___

Changes made by _____ Date _____