

SCHEDULE CHANGE REQUEST FORM

***Please note: ALL CHANGES MUST BE REQUESTED PRIOR TO THE 15TH OF THE MONTH.**

Use this form when adding or dropping days or to withdrawal your child from The Center.

Requests made after the 15th of the month will not be effective until the following month.

Adding hours or re-arrangement in schedules can be accommodated only if space is available.

Any increase in tuition is due upon confirmation of the new schedule.

Today's Date _____ Schedule Change Effective Date _____

Child's Name _____ Class Room _____

Parent/Guardian's Name _____ Day Phone Number _____

Email Address _____

YOUR CHILD'S CURRENT SCHEDULE: Please indicate your child's current schedule with check marks in the appropriate boxes below.

Days	Morning Class	Afternoon Class	Full Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

YOUR CHILD'S NEW SCHEDULE: Please indicate the new schedule you are requesting for your child with check marks in the appropriate boxes below.

Days	Morning Class	Afternoon Class	Full Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Current Fee _____ New Fee _____

Current Monthly Payment _____ New Monthly Payment _____

PRORATED AMOUNT DUE _____ TUITION DIFFERENTIAL _____

Parent/Guardian's Signature _____ Date _____

Institute Staff Signature _____ Date _____