CHILD DEVELOPMENT CENTERS
SCHEDULE CHANGES REQUEST FORM

Please complete this form for ANY temporary schedule changes

Child’s/Children’s Name(s):

Name: ____________________________________ Class: ____________________________
Name: ____________________________________ Class: ____________________________

Additional Hours Requested

☐ Earlier Drop-Off Time: ______________________
   On Date(s): ________________________________
   On Date(s): ________________________________

☐ Later Pick-Up Time: _________________________
   On Date(s)*: ________________________________
   On Date(s): ________________________________

Extra Day of Service Requested

☐ Extra Day of Service _________________________
   On Date(s): ________________________________
   On Date(s): ________________________________
   Drop Off Time: ______________________________
   Pick Up Time: ______________________________

*With less than three days’ notice for additional hours or days, there are NO GUARANTEES that your request can be accommodated due to staffing constraints.

Schedule Additions MAY RESULT IN A CHARGE. See Office Staff for further information.

Vacation Day Notification

Beginning date child will be gone: ________________________________________________

Is this three days, or more, from today’s date?

☐ Yes, no charge to family

☐ No (you WILL BE billed for any days prior to the three days’ notice whether or not your child is in attendance – see page 14 of the Parent Handbook)

First day child will return: ________________________________________________

Has your child used any vacation days this calendar year?  ☐ Yes  ☐ No  ☐ Unsure

If yes, how many hours / days have been used? ________________________________

SIGNATURE OF PARENT OR GUARDIAN: _______________________________________

TODAY’S DATE: ____________________________________________________________