Schedule Change Form

Child's Name:_____ Today's Date:_____

Effective Date of Change:_____

I would like to:

- Add one full day on: _____
- Remove one full day on:_____
- Change from a full on _____ to a full on _____
- Make a permanent change to add/remove a full day on: _____
  _____
- Use **Daycare Only** (children under 2) 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 Daycare Program, 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. All changes are subject to availability and staff scheduling requirements.

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 $25.00 Schedule Change Fee being applied to your account. Added days can only be made if there is appropriate staffing, and the room maximum has not been met. You must have received confirmation from the director before any schedule change is final.

Signature:_____

Date:_____

FOR OFFICE USE ONLY:

Director:_____

Assistant Director:_____

Teacher:_____

Tuition Updated:_____ Date:_____