

# CHANGE IN CLASS SCHEDULE

We must have your written request at least two weeks 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 \_\_\_\_\_