

# SCHEDULE CHANGE REQUEST FORM

## PARENTS:

Please submit this form to the office at least 48 hours prior to the date of the requested change.

You will be notified only if space is not available.

Child's Name \_\_\_\_\_

Directress Name \_\_\_\_\_

Date Requested Schedule Change is needed to begin \_\_\_\_\_

Please indicate new schedule:

\_\_\_\_\_ 7:00 – 12:00

\_\_\_\_\_ 7:00 – 3:30

\_\_\_\_\_ 7:00 – 4:30

\_\_\_\_\_ 7:00 – 6:00

\_\_\_\_\_ 9:00 – 12:00

\_\_\_\_\_ 9:00 – 3:30

\_\_\_\_\_ 9:00 – 4:30

\_\_\_\_\_ 9:00 – 6:00

Other: (ie: going from 3 days to 5) \_\_\_\_\_

\_\_\_\_\_ Begin hot lunch

\_\_\_\_\_ Discontinue hot lunch

Parent Signature \_\_\_\_\_

Date

Phone # \_\_\_\_\_

OFFICE USE ONLY: Please route in the following order:

Admissions \_\_\_\_\_

Infants – Pat McFarlane \_\_\_\_\_

Toddlers – Sue Reagan \_\_\_\_\_

Toddlers – Melissa Hissong \_\_\_\_\_

HR Directress \_\_\_\_\_

PM Kindergarten Directress (if applicable) \_\_\_\_\_

Pre-Primary AM Request – Carol Kopan \_\_\_\_\_

Pre-Primary PM Request – Jennifer Cooper \_\_\_\_\_

Elementary PM Request – Bridget Ranalli Friend \_\_\_\_\_

Business Manager \_\_\_\_\_