



## **Temporary Schedule Change Request**

Please submit this form to your child's Directress at least **72 hours prior to the date** of the requested change. The Directress will review your request and notify you if we can accommodate your request.

You will be billed an hourly fee of \$20.00 per hour. This fee is assessed in hour increments and will be based on the number of hours that your child is here before or after their normal scheduled.

Child's Name: \_\_\_\_\_ Environment: \_\_\_\_\_

Please change my child's schedule for the following date(s): \_\_\_\_\_

My child will arrive early than scheduled: Arrival Time: \_\_\_\_\_

My child will stay later than scheduled: Pick Up Time: \_\_\_\_\_

My child will attend on a non-scheduled day: Day(s) Attend: \_\_\_\_\_

Add Hot Lunch: ☐ Yes (\$4.00/day added)  
☐ No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For office use – do not complete information below this line.***

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\_\_\_\_\_ Directress \_\_\_\_\_ Date

\_\_\_\_\_ HOS/Admin Asst \_\_\_\_\_ Date

☐ Notify faculty/staff of change. Date: \_\_\_\_\_

☐ Schedule email reminder if more than 1 week out. Date: \_\_\_\_\_

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