

Enrollment Change Request

Date of Request: / /

Classroom Name: _____

Child's Name: _____

Current Schedule Attending: FT MWF T/TH _____

Schedule Requested: FT MWF T/TH _____

Same Classroom?

Classroom changes will only be considered for reasons discussed in advance with director.

Desired Start Date: / /

Reason for Request: _____

To request any enrollment change, a written 30-day notice must be received and is subject to availability and director approval. Keep in mind that your spot will be filled and you will need to be placed back on the wait list if you wish to resume your previous schedule. During the months of July & August, we do our best to accommodate change requests. All changes in schedules must be for full calendar months as we cannot accommodate partial month changes. **A \$25 change fee will be assessed for each temporary enrollment change during the months of July and August.**

Parent Signature: _____