

Schedule Change Request

Name: _____

Submission Date: _____

***Please write the change beside the day.**

Ex. OFF -if the child is not attending that day, or the **times** the child will be here if they differ from your contract agreement.

Week of
Change Dates:

_____ thru _____

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

♥ **Schedule changes are due no later than THURSDAY for the following week,** all

schedule changes MUST be approved by center management.

Thank You.

**Please note that schedule change request are not guaranteed and they

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Approved _____

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