



P.O.Box 18 Medfield MA 02052
(Main Office) 508-359-0003

Change in Schedule Form

I would like to change my child(ren)'s

_____ schedule.
(Print child's first and last name)

My child(ren) will be dropping: Mon Tues. Wed. Thurs. Fri.
(Circle all that apply)

My child(ren) will be adding: Mon Tues. Wed. Thurs. Fri.
(Circle all that apply)

His or her new schedule will be: Mon Tues. Wed. Thurs. Fri.
(Circle all that apply)

This new schedule will begin on: _____

(Please note: After September 15, a two-week advance written notice is required to make changes, drop days, or withdraw from the program. Should you wish to add days, we will honor your request at the earliest possible date. All notices must be given in writing or email to the Executive Director, Program Director, or Coordinator of your child's program. Your enrollment agreement will be changed and your installment amount will be adjusted accordingly. Two week deposits are held in escrow and will be refunded to you once your account is paid in full.)

Signed: _____
(Parent's Signature)

(Date)