

Request For Change In Schedule

TCW School: _____

Name of Child: _____ Classroom: _____

Parent/Guardian Name: _____

Home Telephone: _____ Email: _____

TYPE of REQUEST:

Change in Schedule (Changes will take effect only after this form is approved and an updated Enrollment Contract is signed.)

Choose: Permanent Change Temporary Change

Effective Date(s) - Start: _____ **End (or N/A):** _____

Days and Hours Previously Contracted:

Drop-off M _____ T _____ W _____ Th _____ F _____

Pick-up M _____ T _____ W _____ Th _____ F _____

Days and Hours of Requested Change

Drop-off M _____ T _____ W _____ Th _____ F _____

Pick-up M _____ T _____ W _____ Th _____ F _____

Vacation Credit Request

Vacation Week of: _____

Withdrawal Notification

We are withdrawing, our last day will be: _____

Reason for Withdrawal: _____

Comments: _____

Parent/Guardian Signature: _____ Date: _____

TCW Signature: _____ Date: _____

**Full time and part time schedules are consistent from week to week. Written notice is required two weeks prior to a permanent schedule change or termination. Additional days can be added to your regular schedule subject to availability. All changes must be confirmed before attending because it is imperative that we maintain the appropriate staff-child ratios throughout the day. This form will only be considered valid when both Parent/Guardian and TCW Signatures are present. Thank you!*