

## Schedule Change or Vacation Request/Withdrawal Notice

Child's Name:			Date:			
= -	uests require at leas	hedule Change Request t a two week written notice ed based on availability of s		_		
requested.	and will be approve	ed based on availability or .	space and s	taring aaring	, the times	
Please check the o	one that applies.					
	• •	change effective	_ (date).			
l request a te	emporary schedule	change starting	and ending			
Present		Requested Schedule				
Arı	rival Pick Up		Arrival	Pick Up		
Monday		Monday				
Tuesday		Tuesday				
Wednesday		Wednesday				
Thursday		Thursday				
Friday		Friday				
	l l					
		Vacation Request				
		e must be submitted to the	office at le	east two week	s before the	
beginning of the vacation We will be on vacation from		to / /				
Please check the one that		_ (0)				
	• •	ek for this week (After 6 mc	onths 1 wee	k is available	each vear).	
I will be paying tuit			=		,	
		AAVAL 1 INV.				
Please remember to pro	vide at least two w	Withdrawal Notice eeks written notice before	e your child	d's last day.		
My child's last day will b	e/	·				
Reason for withdrawal _						
Parent/Guardian Signatu	ıre:					