



50 Dunham Ridge Rd, Beverly
 1 Scott's Way, Essex
 225 Maple St, Middleton
 16 River St, Middleton
 185 Lynn St, Peabody
 17 Mill St, South Hamilton
 50A Audubon Rd, Wakefield

SCHEDULE CHANGE REQUEST FORM

School Location: _____

Today's Date: _____

Parent's Name: _____

Phone #: _____

Email: _____

Child's Name: _____

DOB: _____

Child's Current Class Name: _____

SCHEDULE CHANGE REQUEST

PLEASE NOTE: All schedule change requests require at least **two weeks written notice**. Schedule changes are **NOT GUARANTEED** and must be reviewed by the enrollment team. Changes will be approved based on availability of space and staffing during the times requested. Please allow for 2-4 days for notification of request approval or denial. Once a request is submitted and approved the schedule will be permanently changed. Schedule changes are limited to 1 per family per calendar year.

_____ I request a permanent schedule change effective _____ (date).

Current Schedule

	Arrival	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Requested Schedule

	Arrival	Pick Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Parent/Guardian Signature: _____ Date: _____

Please submit this form to info@magicalbeginningslc.com

OFFICE USE ONLY

Schedule Change Request

____ Approved

____ Partial Approval

____ Denied

NOTES:

Parent/Guardian (initial partial approval): _____

Date: _____

Director's Signature: _____

Date: _____