

Lenox Children's Center SCHEDULE CHANGE REQUEST FORM

Please complete a separate form for each child for whom you are requesting schedule changes. Please return to your child's teacher. Please be aware that there are times when we are unable to grant requests for schedule changes. Please know that we make every effort to accommodate your needs whenever possible. Thank you.

Today's Date: ____ / ____ / ____

Child's Name: _____ Parent Signature _____

My child is currently enrolled in the _____ classroom.

My child's current schedule is shown below. Please indicate **current** days scheduled and whether child attends a full or 1/2 day for each day indicated.

	Monday	Tuesday	Wednesday	Thursday	Friday
1/2 Day					
Full Day					

Below is the **new schedule change request**. Please indicate the days you are **requesting** and whether you want the child to attend a full or 1/2 day for each of the days **requested**.

	Monday	Tuesday	Wednesday	Thursday	Friday
1/2 Day					
Full Day					

If approved, when would you like your child to start the new schedule? ____ / ____ / ____

**** Please note that the Infant Room opens at 8:00AM and closes at 5:00 PM ****

OFFICE ONLY PLEASE

____ Unable to grant request. Parent informed on ____ / ____ / ____ and by: _____

____ Request granted. Parent informed on ____ / ____ / ____ and by: _____

Effective Date: ____ / ____ / ____

Teacher's Signature: _____ Date: ____ / ____ / ____

Director's Signature: _____ Date: ____ / ____ / ____

Copy to Bookkeeping: _____