

# SCHEDULE CHANGE REQUEST FORM

Please fill out this form and return to your provider at least two weeks prior to your need for a schedule change.

<p><b>Child's Name:</b> _____</p> <p><b>Change start date:</b> _____</p> <p><b>Change end date:</b> _____</p> <p><b>Parent's Signature:</b> _____</p> <p><b>Date:</b> _____</p>
---

SPECIFY CHANGE REQUESTED:

\_\_\_\_\_

\_\_\_\_\_

Explain Fully the Reasons For the Change:

\_\_\_\_\_

\_\_\_\_\_

Parent Work Telephone # \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Telephone # \_\_\_\_\_

Parent Work Telephone # \_\_\_\_\_

Home Telephone # \_\_\_\_\_

Cell Telephone # \_\_\_\_\_

Provider Signature:

Date:

## IMPORTANT ITEMS TO NOTE REGARDING SCHEDULE CHANGES

1. **Schedule changes need prior approval by the Provider.** All schedule changes must be submitted and approved at least 2 weeks prior to Change Start Date.
2. This signed form will act as an addendum to the Parent/Provider Contract. All other policies and procedures remain in effect.
3. Further changes to enrollment status will require a current Parent/Provider contract being executed.
4. Unfortunately, we **DO NOT** grant schedule changes due to or to compensate for paid holidays.

**Child's Play Child Care** Where Learning is "Child's Play"

