

REQUEST FOR CHANGE OF CONTRACTED TIME

Child(ren)'s Name(s): _____

PLEASE COMPLETE ALL APPROPRIATE SPACES BELOW AND SUBMIT TO THE OFFICE FOR APPROVAL. MULTIPLE DATES CAN BE INCLUDED ON ONE FORM.

My child(ren) will need to **add an extra day** on:

Date(s) _____, hours needed _____

My child(ren) will need to **change his/her daily contracted time** on:

Date(s) _____, hours needed _____

My child(ren) will need a **permanent change of contracted time** beginning :

(Date) _____

Days and hours needed: _____

Please note: Upon approval, a new contract will be put in your parent pocket to be completed and returned

My child(ren) will **not be at the Center** on: _____

This should be Free Vacation time (if available) Yes ____ No ____

Parent's Signature _____ Date _____

*****For Office Use Only*****

Office ____ Bookkeeper ____ Teacher ____

Child(ren)'s Name(s): _____

___ Your request for extra time on _____ from _____ has been received and approved by the Director.

___ Your request for a change of contracted time on _____ to _____ has been received and approved by the Director.

___ Thank you for letting us know that your child(ren) will not be attending on _____.

___ This will be free vacation time. ___ This will not be free vacation time.

Due to this change, your weekly fee is _____.

Signed: _____ Date: _____