

# Request For Change In Schedule



TCW School: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## TYPE of REQUEST:

- Change in Schedule** (Changes will take effect only after this form is approved and an updated Enrollment Contract is signed.)

**Choose:**  Permanent Change  Temporary Change

**Effective Date(s) - Start:** \_\_\_\_\_ **End (or N/A):** \_\_\_\_\_

### **Days and Hours Previously Contracted:**

Drop-off M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Pick-up M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

### **Days and Hours of Requested Change**

Drop-off M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

Pick-up M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_

- Vacation Credit Request**

Vacation Week of: \_\_\_\_\_

- Withdrawal Notification**

We are withdrawing, our last day will be: \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Comments: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TCW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Full time and part time schedules are consistent from week to week. Written notice is required two weeks prior to a permanent schedule change or termination. Additional days can be added to your regular schedule subject to availability. All changes must be confirmed before attending because it is imperative that we maintain the appropriate staff-child ratios throughout the day. This form will only be considered valid when both Parent/Guardian and TCW Signatures are present. Thank you!*