



DARE TO DO MORE

Early Childhood Learning Center Programs Inc.

Schedule Change Request Form

Location (check one): MB51_____ M169_____ M105_____

Date: _____ **1st Request** _____ **2nd Request** _____ **Final Request** _____

Child's First/Last Name: _____

Parent's First/Last Name: _____

CELL #: _____ **OFFICE #** _____

I understand that I will receive written notification pertaining to my request, and the process takes 7-10 business days to process.

I further understand that I am liable for all fees resulting in schedule change request after the last schedule change.

Please note: only (3) schedule changes will be granted per session.

Day	Registered Schedule	New Change Requested
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Please indicate reason for withdrawal/drop from School only:

Reason for dropping: _____

Parent's Signature

Date

FOR OFFICE USE ONLY (CHECK APPROPRIATE BOXES)

COMPLETE

IN PROCESS

PENDING

COMMENTS: _____