

Subsidy Family: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Semester \_\_\_\_\_ Year \_\_\_\_\_

# Schedule Change

\*Full-cost families, a processing fee of \$10.00 may be applied for each approved schedule change.

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

◊Bambini 1    ◊Bambini 2    ◊Bambini 3    ◊LaCasita 1    ◊LaCasita 2    ◊LaCasita 3    ◊Casa 1    ◊Casa 2    ◊Casa 3

MY CURRENT CHILD CARE SCHEDULE IS:				
TO _____ MONDAY	TO _____ TUESDAY	TO _____ WEDNESDAY	TO _____ THURSDAY	TO _____ FRIDAY
I WOULD LIKE TO CHANGE MY CHILD CARE SCHEDULE TO:				
TO _____ MONDAY	TO _____ TUESDAY	TO _____ WEDNESDAY	TO _____ THURSDAY	TO _____ FRIDAY

### LOCATION CHART

PLEASE NOTE CLASS NAME, BUILDING, AND ROOM NUMBER

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30: AM				
8:00: AM				
8:30: AM				
9:00: AM				
9:30: AM				
10:00: AM				
10:30: AM				
11:00: AM				
11:30: AM				
12:00: PM				
12:30: PM				
1:00: PM				
1:30: PM				
2:00: PM				
2:30: PM				
3:00: PM				
3:30: PM				
4:00: PM				
4:30: PM				
5:00: PM				
5:30: PM				
6:00: PM				

PARENT NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-mail \_\_\_\_\_

If you do not have a class scheduled, but your child is at the Center, please designate a usual place you can be located. If you are staff/faculty you need only complete this portion of the form.

Days	Time	Location	Phone Number
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Reason for schedule change: \_\_\_\_\_ Date you would like the change to begin: \_\_\_\_\_

<b>OFFICE USE ONLY: Approved By</b> _____	<b>Effective Date</b> _____
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