



SCHEDULE CHANGE REQUEST FORM

SCHEDULE CHANGE POLICY: If you wish to change your child's schedule, you must give two weeks written notice to the office. Schedule changes are not guaranteed and are subject to availability.

Child's Name _____

Current Schedule: **DAYS:** 5 Day 4 Day 3 Day 2 Day

SCHEDULE: _____

Morning Preschool Program (AM) Afterschool Preschool Program (PM)

Both Morning/Afterschool Preschool Program (AM/PM)

Requested Schedule Change Date: ____/____/____

New Schedule: **DAYS:** 5 Day 4 Day 3 Day 2 Day

SCHEDULE: _____

Morning Preschool Program (AM) Afterschool Preschool Program (PM)

Both Morning /Afterschool Preschool Program (AM/PM)

Please accept this schedule change form as my 2 week notice as required by Heritage School of Discovery. I acknowledge that payment is due and will be accepted or ran on the date this form is submitted to the office.

Parent Signature _____ Date ____/____/____

***An email will be sent confirming your schedule change and your invoice will be adjusted.*

----- **OFFICE USE ONLY BELOW LINE** -----

Received Date ____/____/____

Effective Change Day: ____/____/____

Current Tuition \$ _____

New Tuition \$ _____