



# Change of Schedule Request Form

*Yorba Linda Preschool Campus*

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

**Current Schedule:**

- |   |   |
|---|---|
| <input type="checkbox"/> Monday-Friday  | <input type="checkbox"/> Morning Program (8:30am-12:00pm)     |
| <input type="checkbox"/> Mon./Wed./Fri. | <input type="checkbox"/> Afternoon Program (2:30pm-6:00pm)    |
| <input type="checkbox"/> Tues./Thurs.   | <input type="checkbox"/> Full Day Program (8:30am-3:00pm)     |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Extended Day Program (6:30am-6:00pm) |

**Requested New Schedule:**

- |   |   |
|---|---|
| <input type="checkbox"/> Monday-Friday  | <input type="checkbox"/> Morning Program (8:30am-12:00pm)     |
| <input type="checkbox"/> Mon./Wed./Fri. | <input type="checkbox"/> Afternoon Program (2:30pm-6:00pm)    |
| <input type="checkbox"/> Tues./Thurs.   | <input type="checkbox"/> Full Day Program (8:30am-3:00pm)     |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Extended Day Program (6:30am-6:00pm) |

Date for new schedule to begin:  1<sup>st</sup> or  15<sup>th</sup> of (Month): \_\_\_\_\_

Changes in schedule can be made as often as needed, as long as there is sufficient space in the classroom for your requested schedule. Please check with your campus director to insure the schedule change you desire is available. For your convenience, we issue schedule changes semi-monthly. You can choose to change your child's schedule starting the 1<sup>st</sup> of the month or the 15<sup>th</sup> of the month. Your tuition rate will be prorated to reflect your schedule change and a new statement will be sent out via email. If you need to increase your days or times before the semi-monthly schedule change date, you may do so at the extended care rate.

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

Date Received: \_\_\_\_\_ Director Signature: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_