

**CHILDREN'S CENTER AT CALTECH  
REQUEST FOR  
SCHEDULE CHANGE**

Please complete this form if you would like to request a schedule change for your child. We will make every effort to accommodate your request as soon as possible.

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Schedule:  Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday

Requested Schedule:  Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday

Requested date for change: \_\_\_\_\_

**PARENT ACKNOWLEDGEMENT: If I am requesting a change with less than 30 days notice I will forfeit my \$500 deposit to pay for any related charges (i.e. dropping to fewer days a week without 30 days notice).**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>	<b>NOTIFICATIONS</b>
Request received: _____	C. Roe: _____
Start Date: _____	Classroom: _____
<b>Request:</b>	
<input type="checkbox"/> Approved	Start date: _____
<input type="checkbox"/> Denied	Reason: No current openings for requested date Will notify of any future openings