

**REQUEST FOR CHANGE OF SERVICES**

*All requests must be turned in no fewer than two weeks prior to the desired change date.*

Today's Date: \_\_\_\_\_

must be date you turn in the form

Type of Change Requested:

\_\_\_\_\_ \*Change of Schedule

New schedule requested: \_\_\_\_\_

Date of change: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_ Withdrawal

Last day of care: \_\_\_\_\_

Reason: \_\_\_\_\_

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

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

Parent Signature: \_\_\_\_\_

*\*Requests for change of schedule must be approved by the center director. The center may not have the part time or full time availability that is requested.*

\*\*\*\*\*

*To be completed by center staff*

**Change of schedule Request**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason if denied: \_\_\_\_\_

**Withdrawal Information**

Final Bill Amount \_\_\_\_\_ \*Payable immediately by \_\_\_\_\_. Failure to pay will result in termination of services effective \_\_\_\_\_.

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date