

Friendship Children's Center

Schedule Change Request

Child's Name: _____

I, _____, submit this request to change my child's enrollment at
(parent)
the Friendship Children's Center as follows:

Current Enrollment
(circle one)

Requested Enrollment
(circle one)

Full-Time

Full-Time

Part-Time – Mon, Wed, Fri
Tues, Thurs

Part-Time – Mon, Wed, Fri
Tues, Thurs

AM Preschool

AM Preschool

Schedule Change Request Effective Date: _____

* * * * *

I understand that this request must be submitted, along with a \$25 non-refundable schedule change fee, at least 45 days prior to the schedule change request effective date.

I also understand that the Friendship Children's Center staff will make a good faith effort to accommodate this request, however there is no guarantee that enrollment space will be available or that the necessary arrangements can be made to grant this request.

Date

Parent's Signature

Date
Received: _____