



WINDHAM Learning Tree Academy

SCHEDULE CHANGE REQUEST FORM

Child's Name: _____ Date of Birth: _____

- Request to add a day/s- indicate below the day/s times you wish to add or change
- Request to withdraw a day/s or change times for day/s

I would like the following schedule change to become effective beginning:

_____ and end on: _____.

I understand I am responsible for my contracted tuition amount and switching days of the week is not permitted. I agree to pay any additional fees associated with this schedule change. I understand this request is pending approval of the Director.

**Schedule changes submitted after August 1st. will require a processing fee of \$10.00*

Program: Early Pre-K Pre-K Kindergarten K-Enrichment CKC

Days: (Please circle the days and fill in the times below.)

	Drop off time	Pick up time
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

Parent Signature: _____ Date: _____

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Schedule change request     Approved     Denied    New rate effective date: \_\_\_\_\_

o 2 week notice applied                      New tuition rate: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_