



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: ☐ Toddler ☐ Early Pre-K ☐ Pre-K ☐ 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: _____

Schedule change request ☐ Approved ☐ Denied New rate effective date: _____

○ 2 week notice applied New tuition rate: _____

Director's Signature: _____ Date: _____

