



"Because we honor families, we weave a fine fabric of security and acceptance for the children in our care."

SCHEDULE REVISION REQUEST FORM

TODAY'S DATE: _____ DATE RECEIVED BY OFFICE: _____

CHILD: _____ ROOM # _____

CURRENT SCHEDULE:

I am requesting the following permanent change to our schedule:

Add Day(s) M T W Th F

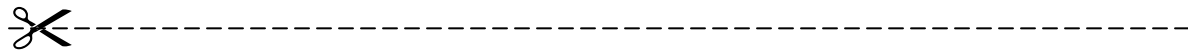
Drop Day(s) M T W Th F

Withdrawing from Rockport Early Childhood Center

I request that this change be effective _____
(Date – must be at least two weeks after the date of this request)

Parent 1's Signature

Parent 2's Signature



Your request for a schedule change has been received by Rockport Early Childhood Center.

Additional days are are not available as of the date requested.