



"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)

✂ _____

Your request for a schedule change has been received.

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