



Adventures In Learning, LLC

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Schedule Change Request

Parent or Guardian's Name

Please make the following schedule changes:

Child's name

Classroom

Current Schedule:

Monday Tuesday Wednesday Thursday

Time:

Friday _____am-_____pm

Hot Lunch Lunch from home

Effective Date of Change (MM/DD/YYYY)

New Schedule:

Monday Tuesday Wednesday Thursday

Time:

Friday _____am-_____pm

Hot Lunch Lunch from home

Changes (increase/decrease in hours or days) to your child's schedule must be in writing at least two weeks in advance. Any schedule change will be based on availability.

 _____

Parent/Guardian Signature

Date

FOR OFFICE USE

Received by

Date

Processed by

Date