

Signature

Kids U Schedule Change Request

Campus Attending:				Current Date:					
Child's Full Name:				Requested Start Date of Change:					
Child's Current Program:	☐ Infant Care ☐ Jun		☐ Junior Pres	chool	□ Preschool			☐ Kindergarten	
Current	☐ Mond	day [] Tuesday	□ Wedr	Wednesday		☐ Friday		
Schedule	□ AM (8:30am –	11:30am) *		☐ PM (12:00pm – 3:00pm) *				
	☐ Presc	hool Onl	y (8:30am – 3:0	0pm)	☐ Presc	hool and	d Car	re **	
New	☐ Mond	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thu				☐ Thur:	sday	☐ Friday	
Schedule	□ AM (8:30am – 11:30am) * □ PM (12:00pm – 3:00pm) *							:00pm) *	
Requested	☐ Preschool Only (8:30am – 3:00pm)				☐ Preschool and Care **				
Second	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday						/ ☐ Friday		
Choice	☐ AM (8:30am − 11:30am) * ☐ PM (12:00pm − 3:00pm) *							0pm) *	
(if we cannot accommodate your first choice)	☐ Preschool Only (8:30am – 3:00pm)				☐ Preschool and Care **				
 * AM/PM schedules are not offered at Centennial campus * AM/PM schedules must be 5 days/week and are licensed for children 3 years and up in the preschool program (except at Walden Campus) ** Preschool and Care hours varies by campus Please note that for a 3-day schedule, we request that it includes a Monday or Friday Policies: For changes requested less than 30 days prior to the first of the month, a 10% convenience charge will be applied (Expedited Schedule Change). All outstanding balances, including those incurred by the schedule change, must be cleared prior to the schedule change taking place. Your child's new schedule will not be accepted, and your child will not be accepted into care if an outstanding balance is present. All schedule changes must be submitted on or before the first business day of the month for approval PRIOR to the change going into effect. All schedule changes are subject to campus availability and formal approval by the registration department. Your child cannot attend the new schedule without formal approval. Please note all changes are implemented on the 1st of each month, as tuition is billed monthly. 									
Parent's Name: Parent's Signature:									
Reason for Change:									
*Registration Department Please Fill in Below									
Choice #1		□Appro	ved \square Denied	Choice	#2		□Aı	pproved \square Denied	
New Schodule									

Entered into System