1001 E Geneva St, Delavan, WI - P:262-725-7743 - F: 262-725-7741 - LCLC.Delavan@gmail.com

# SCHEDULE/CONTRACT CHANGE

Child/ren's Names _____

Today's Date _____

**2 weeks' notice is required for all changes to days, and drop-off/pick-up times.**

This form does NOT guarantee your request to change your schedule/contract. We have ratios we need to follow, classrooms may be full, or we may not have the adequate staff for the days/times you are requesting.

**Contract change** is any permanent change to your contract. You are limited to 3 contract changes per year.

**Schedule change** is any one-time change to your schedule-then you will resume your original contracted hours after the date specified.

Starting Date _____ End Date (if applicable) _____

☐ One Time (schedule change) ☐ Ongoing (contract change)

| Day of the Week | Drop off Time | Pick up Time | Comments |
|---|---|---|---|
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |

**PLEASE INITIAL:**

_____I understand that I will be charged $10 for any **one-time** schedule change.

_____I understand that I will be charged $25 for any **ongoing** schedule change.

Parent Signature_____ Date_____

Approval Signature_____ Date _____

*Please have your child/ren here no more than 30min after your contracted time. If you are running late or staying home for the day, CONTACT THE CENTER.