



CHANGE OF SCHEDULE REQUEST

Today's Date			
Parent/Guardian Name			
Child's Name			
Child's Classroom			
Current Schedule	5 Days Mon-Fri	3 Days M/W/F	2 Days Tu/Thu
Schedule Change Request	5 Days Mon-Fri	3 Days M/W/F	2 Days Tu/Thu
Intended Start Date			
Is this permanent or for the foreseeable future?	YES	NO	
End Date (IF Temp)			

I understand that there may be a waitlist for an increase in the number of days I wish to have my child attend.

I understand I will be notified by Little Legends Learning Center to confirm the change in schedule.

I understand that tuition will change according to the assigned Tuition rates set by Little Legends.

Parent/Guardian Signature _____ Date: _____

Administration Signature _____ Date: _____

Internal Use Only

Date of official schedule change: _____