



Switch Request Form

Fill out this form if you are requesting to switch days from your set schedule. A \$5/child switch fee will be charged. We are not able to accommodate a switch day due to any type of closure or unplanned absence. The days you switch to and from must be within the same week. We will do our best to accommodate this schedule change, based on availability. If the switch request is not approved, we will notify you.

Name of Child: _____

Days currently assigned: M__T__W__TH__F__

Days you would like to change to: M__T__W__TH__F__

Change of days will be/begin the week of: _____

Change of days will be permanent: yes/no

Reason for requesting change: _____

Signature of Parent or Guardian: _____ Date: _____

Office Use, Approved By: _____ Date: _____



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