



Preschool Change of Schedule/Termination Form/Drop-In Form

A two-week notification must be given before any change is made with the exception of drop-in days/extended care. If you are reducing your contracted days per week, you will still be responsible for your old rate for two weeks after submission of this notice. You will only be granted your requested changes IF space permits.

Child's Name: _____ Phone Number: _____

Site:

Sherman Oaks

Capri

Marshall Lane

Castlemont

Forest Hill

Payment Method: Check ACH

Old Schedule: _____
(please specify day and times)

Changes: (Please check only ONE of the following)

I will be changing my child's days of attendance. Effective Date: _____

New Schedule (Please Circle Desired Days): **M** **T** **W** **Th** **F**

I will be changing my child's pick-up time to _____. Effective date: _____

Desired drop-in date/s _____. Extra day Extra extended care

As of _____ my child will no longer be attending the Campbell
Preschool program

Parent/Guardian Name

Signature

Date

Staff Name

Approval Signature

Date