The Apple Tree Preschool
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Change of Schedule Form

I, _____ wish to change my child's schedule to:
(first & last name)

Child Name	Rate	M / T/ W/ TH/ F Days	Full /Half/NS Duration
_____	_____		
_____	_____		
_____	_____		

As of: _____
(Date: M/D/Y)

_____ _____
Signature **Date**

Note: All changes to schedule require 2 weeks notice

- *A reduction in schedule would require 2 weeks' notice to take effect*
- *An increase in schedule can be done based on availability and must have prior approval from the campus' supervisor.*
- *Any change made decreasing time must be in effect for 4 or more months to be considered as a schedule change.*