



SCHEDULE CHANGE REQUEST

Today's Date (mm/dd/yyyy) _____

Child's Name (please print) _____

Add an Extra Day _____

(day/days to be added)

(Example: Child attends MTW and you would like to add F)
You will be invoiced the Extra Day of Care rate.

Permanent Change to Your Child's Schedule:

Change Days of Attendance to: M T W Th F

Effective Date: _____
(mm/dd/yyyy)

(Example: Child attends MTW and you permanently change to MTF)
You will be invoiced a \$25.00 charge in contract attendance fee.

X

Signature of Parent/Guardian

A permanent change in your child's daily attendance schedule, per the terms of the Family Handbook must be submitted 30 days prior to the date requested.



St. Anthony

2812 Anthony Ln. S, #400
St. Anthony, MN 55418
612.455.8955 (office)
763.757.2942 (fax)

www.jackandjilledu.com

Blaine

11870 Ulysses St. NE, #100
Blaine, MN 55434
763.784.1451 (office)
763.757.2942 (fax)

info@jackandjilledu.com