

# Cornerstone ECE: Service Change Form

2021-2022

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

## **Schedule Change Request:**

All schedule change requests will be effective the first day of the month.  
We cannot accommodate mid-month changes.

<b>MON</b>	<input type="checkbox"/>	<b>TUES</b>	<input type="checkbox"/>	<b>WED</b>	<input type="checkbox"/>	<b>THURS</b>	<input type="checkbox"/>	<b>FRI</b>	<input type="checkbox"/>	<b>Time of Care</b>	
										AM	PM

Effective Date of Change: \_\_\_\_\_

## **Vacation Request:**

If applicable, vacation credits will be determined by your child's current schedule and applied to your monthly invoice following their use.

Planned Vacation Dates: \_\_\_\_\_

**(Please provide at least 2 weeks written notice of vacation)**

## **Additional Day Request:**

All Additional Day Requests must be submitted in writing and approved through the ECE Office in advance.

Day #1 \_\_\_\_\_  
Day #2 \_\_\_\_\_  
Day #3 \_\_\_\_\_  
Day #4 \_\_\_\_\_

## **Withdrawal Notification:**

Please withdraw my child from care on the date listed on this form. Reason for withdrawal:

Last day will be: \_\_\_\_\_

## **Pick-Up Authorization**

I authorize the following individual(s) to pick-up my child on the date listed on this form.

Name	Phone
Name	Phone

## **Address/Phone Change**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
New Address

Email Address

New Phone Number

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Received By: \_\_\_\_\_ Ledger Posted: \_\_\_\_\_ Billing Box Adjusted: \_\_\_\_\_

Date: \_\_\_\_\_ FACTS: \_\_\_\_\_ Schedule Input: \_\_\_\_\_