

Cornerstone ECE: Service Change Form

2022-2023

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.

MON	<input type="checkbox"/>	TUES	<input type="checkbox"/>	WED	<input type="checkbox"/>	THURS	<input type="checkbox"/>	FRI	<input type="checkbox"/>	Time of Care	
										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: _____