

# Cornerstone ECE: Service Change Form

2015-2016

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**

**TUES**

**WED**

**THURS**

**FRI**

**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: \_\_\_\_\_