

# Rogers-Pierce Children's Center

## Student Schedule Change

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

STUDENT: \_\_\_\_\_ Classroom: T T/PS PS PK1 PK2

SCHEDULE CHANGE:	Fee	Date Billed
<input type="checkbox"/> Extra Day until 3:30 PM on _____	\$____	_____
<input type="checkbox"/> Extra Day until 5:30 PM on _____	\$____	_____
<input type="checkbox"/> Single Extension on _____	\$40	_____
<input type="checkbox"/> Schedule Change or Withdrawal, see below _____	no fee	_____

NEW SCHEDULE (please circle days and times) Effective Date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM
5:30 PM	5:30 PM	5:30 PM	5:30 PM	5:30 PM

Withdrawal Date: \_\_\_\_\_

Tuition Deposit Refund:

Apply to month of \_\_\_\_\_ Refund Tuition deposit on \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS:

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