



CHANGE OF SERVICE REQUEST

Date of Request _____

Childs Name: _____ Birth date: _____

Program currently enrolled: _____

Days of week currently enrolled (Full or part time; specify days if p/t):

Change of Service Request:

Desired Program: _____

Desired frequency (full or part time; specify days if p/t):

Notes:

1. Children wishing to enrol in 3-5 years Group Daycare program must be potty-trained
2. Not all requests can be accommodated and are subject to availability & current classroom dynamics
3. In the event that your request is unavailable, you are still Required to give one calendar month's notice of withdrawal; except for the initial two week adjustment period
4. Repeated requests will incur additional administration fees.

Requested by: _____

Approved by: _____

Date of Implementation: _____

Monthly fee change: _____

