

# PART-TIME ATTENDANCE CHANGE OF SCHEDULE REQUEST FORM

This form must be submitted 2 weeks prior to new start time  
so we can have the proper staff ratio in place.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Classroom \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Reason for Request \_\_\_\_\_

Day of the week	Dates	Requested Approximate Drop Off Time	Requested Approximate Pick Up Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Office use only below dotted line**

-----

Approved

Denied

Comments \_\_\_\_\_



Riverview Christian Early Learning Center