

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 3:00 PM on _____	\$____	_____
<input type="checkbox"/> Extra Day until 6:00 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 PM	3 PM	3 PM	3 PM	3 PM
6 PM	6 PM	6 PM	6 PM	6 PM

Withdrawal Date: _____

Tuition Deposit Refund:

Apply to month of _____ Refund Tuition deposit on _____

Parent Signature: _____ Date: _____

COMMENTS:
