

Request to Change Weekly Care Schedule

Child(ren)'s Name(s):	
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CURRENT Schedule:	
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REQUESTED Schedule:	
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I, _____ am requesting Inquiring Little Minds (ILM) to
(Parent/Guardian Name)
change the care schedule for my child(ren), according to the information detailed above.

I would like this new schedule to commence on _____ .
(Requested Date of New Schedule)

By signing this form, I understand that ILM has a minimum requirement of 30 days notice to process day change requests. Availability on day increases is subject to availability and may take approximately 1-3 months to process.

Parent/Guardian Signature: _____

Date: _____
(Date of Signature)

