



The University of Michigan-Flint Early Childhood Development Center Request for Schedule Change

Child's Name _____

Classroom: Nido Fiore Giardino Fiume
 Luna Vento Cascata A Cascata B

(Circle One)

Reason for the request: _____

Start date for change: _____

The days/times that I am requesting for my child's new schedule (show complete new schedule, not just changes) is as follows:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

*I understand that the changes to the original "contract for service" are subject to approval by the Director. Changes may be denied if space unavailable in the room consistent with my child's developmental progress. A **minimum of two weeks notice is required before any approved changes that will take effect.** I will be notified within a week of submitting this form, of approval or denial or charges.*

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:

Approved New Schedule will take effect: _____
 Denied Reason: _____

Copy to: _____ Family _____ Child's File _____ Child's Teacher