

Request to Change PreSchool Services

Date of Request _____

Requestor (print) _____

Childs Name: _____

Signature: _____

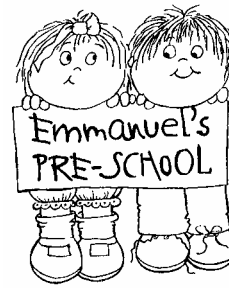
_____ **Change time of pickup**

Current pickup time _____ 11:30am _____ 2:30am
_____ 6:00pm

NEW pickup time _____ 11:30am _____ 2:30am
_____ 6:00pm

Effective month of change (start of the month only):

NOTE: Changes in billing will occur in the next billing cycle.
If an adjustment to an amount billed prior to this request is necessary, then this adjustment will be reflected in the next billing period.



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