



# FAITH CHILD CARE & NURSERY SCHOOL

## OFFICE REQUEST FORM

**CHILD'S Name:** \_\_\_\_\_

**CHILD'S Classroom:** \_\_\_\_\_

**CHANGE IN SCHEDULE** (Schedule increases are based on availability; two weeks' notice is required for schedule reductions; parent is responsible for regular weekly fee until reduced schedule goes into effect)

Effective: \_\_\_\_\_

\_\_\_\_\_ Permanently (a change lasting 8 weeks or more)

\_\_\_\_\_ One-time only (to add or switch days within a week)

Requested Schedule	Arrival Time	Pick-Up Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**HOLDING FEE REQUEST** (One week/year at 50% of regular weekly fee; one week notice is required; child must be out entire week)

Week(s) of \_\_\_\_\_

**WITHDRAWAL** (Two weeks' notice is required; parent is responsible for regular weekly fee for that two-week period)

Parent understands that withdrawal from the program jeopardizes their child's future placement at FCCNS.

Last day at FCCNS will be \_\_\_\_\_

Reason for withdrawal \_\_\_\_\_

**INFORMATION UPDATE**

Please update my home/work/cell phone to the following: \_\_\_\_\_

Please update my home address to the following: \_\_\_\_\_

Please update my email address to the following: \_\_\_\_\_

Please check here if you no longer wish to receive correspondence from FCCNS via email \_\_\_\_\_

**OTHER**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FCCNS OFFICE APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_