



FLEUR DE LIS SCHOOL
established in 1929

**Change of Schedule Request
2016-2017**

Child's Name: _____ Teacher's Name: _____

Parent's Name: _____ Primary Phone Number: _____

- A *minimum of 14 days notice* is required in writing to request changes to an existing schedule. All changes are based on classroom availability and the sole discretion of the Director.
- **PLEASE ENROLL MY CHILD IN:**

Early Learners (2 & 2 ½ classes)	Preschool & Pre-K
<input type="checkbox"/> 5 Full days/week- \$1,430 <input type="checkbox"/> 3 Full days/week- \$1,070 <input type="checkbox"/> 2 Full days/week- \$850 Please circle the days of the week: M T W TH F	<input type="checkbox"/> 5 Full days/week- \$1,370 <input type="checkbox"/> 3 Full days/week- \$1,030 <input type="checkbox"/> 2 Full days/week- \$815 Please circle the days of the week: M T W TH F
<input type="checkbox"/> 5 Half days/week- \$950 <input type="checkbox"/> 3 Half days/week- \$800 <input type="checkbox"/> 2 Half days/week- \$660 Please circle the days of the week: M T W TH F	<input type="checkbox"/> 5 Half days/week- \$915 <input type="checkbox"/> 3 Half days/week- \$765 <input type="checkbox"/> 2 Half days/week- \$635 Please circle the days of the week: M T W TH F

Other (please specify days of the week and half/full day): _____

DATE THE CHANGE WOULD TAKE EFFECT: ____/____/____

PRO-RATED TUITION COST: _____

**If your request is approved, we will contact you by phone and a debit or credit will be processed with your next tuition payment.*

Parent/Guardian: (print) _____ Signature: _____ Date: _____

Director: _____ Signature: _____ Date: _____

---- Fleur De Lis Office Use ONLY ----	
Received by (name): _____	on ____/____/____
Check # _____	Electronic Funds Transfer starting: ____/____/____