



# FLEUR DE LIS SCHOOL

established in 1929

## Change of Schedule Request 2017-2018

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 (EL 1 & EL 2)	Preschool (PS 1 & PS 2) and Pre-K (Pre-K 1 & Pre-K 2)
<input type="checkbox"/> 5 Full days/week- \$1,475 <input type="checkbox"/> 3 Full days/week- \$1,100 <input type="checkbox"/> 2 Full days/week- \$875 Please circle the days of the week: M T W TH F	<input type="checkbox"/> 5 Full days/week- \$1,410 <input type="checkbox"/> 3 Full days/week- \$1,060 <input type="checkbox"/> 2 Full days/week- \$840 Please circle the days of the week: M T W TH F
<input type="checkbox"/> 5 Half days/week- \$980 <input type="checkbox"/> 3 Half days/week- \$825 <input type="checkbox"/> 2 Half days/week- \$680 Please circle the days of the week: M T W TH F	<input type="checkbox"/> 5 Half days/week- \$940 <input type="checkbox"/> 3 Half days/week- \$790 <input type="checkbox"/> 2 Half days/week- \$655 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: \_\_\_\_/\_\_\_\_/\_\_\_\_