



FLEUR DE LIS SCHOOL
established in 1929

Change of Schedule Request
2019-2020

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- \$1,565 <input type="checkbox"/> 3 Full days/week- \$1,170 <input type="checkbox"/> 2 Full days/week- \$925 Please circle the days of the week: M T W TH F | <input type="checkbox"/> 5 Full days/week- \$1,495 <input type="checkbox"/> 3 Full days/week- \$1,125 <input type="checkbox"/> 2 Full days/week- \$890 Please circle the days of the week: M T W TH F |
| <input type="checkbox"/> 5 Half days/week- \$1,050 <input type="checkbox"/> 3 Half days/week- \$885 <input type="checkbox"/> 2 Half days/week- \$725 Please circle the days of the week: M T W TH F | <input type="checkbox"/> 5 Half days/week- \$1010 <input type="checkbox"/> 3 Half days/week- \$845 <input type="checkbox"/> 2 Half days/week- \$700 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: ____/____/____ |