



Step By Step Montessori Schools

Program Change Request Form

Please complete this form to request a change to your child's program. One form is required for each child. Step By Step requires 30 days notice for all program changes.

TODAY'S DATE	____/____/____									
CHILD'S FIRST NAME					LAST NAME					
Program Change Information										
EFFECTIVE DATE	____/____/____			WITHDRAWING	Yes <input type="checkbox"/>	LAST DAY ATTENDING	____/____/____			
REQUESTED PROGRAM	5 Full (M-F) 8:30-3:30	<input type="checkbox"/>	5 AM (M-F) 8:30-11:30	<input type="checkbox"/>	5 PM (M-F) 12:30-3:30	<input type="checkbox"/>	3 Full (M,W,F) 8:30-3:30	<input type="checkbox"/>	3 AM (M,W,F) 8:30-11:30	<input type="checkbox"/>
	3 PM (M,W,F) 12:30-3:30	<input type="checkbox"/>	2 Full (T,TH) 8:30-3:30	<input type="checkbox"/>	2 AM (T,TH) 8:30-11:30	<input type="checkbox"/>	2 PM (T,TH) 12:30-3:30	<input type="checkbox"/>		
EXTENDED DAY	Yes <input type="checkbox"/> No <input type="checkbox"/> (Before 8:30 am and/or After 3:30pm)									
Comments										
PARENT SIGNATURE						DATE	____/____/____			
For Office Use Only										
DATE RECEIVED	____/____/____			ENTERED ON CHANGE LOG	Yes <input type="checkbox"/>					
CONFIRMED WITH FAMILY?	Yes <input type="checkbox"/>									