



1718 Andover Lane, San Jose, CA 95124
408-216-8867

CHANGE IN SCHEDULE REQUEST

Student's Name _____

Student's Birthdate: _____

Current Schedule _____

Change Effective Date: _____

I would like to change my child's enrollment option to the following:

TK Only:

- Monday – Friday Half-day (8:30-12:00) Full-day (8:30 – 2:30 /1:00 (W))
- Monday, Wednesday, Friday Full-day (8:30 -2:30/1:00 (W))

School Age and LSA Elementary Extended Care:

- Add before school care (7:00 – 8:30) Remove before school care
- Add after school care 11:30 – 6:00
 - 3-day program
 - 5-day program Remove after school care
- Add after school care 2:30 - 6:00
 - 3-day program
 - 5-day program

I understand that based on my choice of options, my child's monthly tuition will be \$_____. If there is an increase in tuition, the difference is due with this form.

Parent's Name (please print)

Parent's Signature

Date

Lucia D'Souza, Executive Director

Date

Office use only Staff advised Copy of change request emailed to family **Date rec'd:** _____
Rec'd by: _____