



Josiah Pre-School Schedule Change Form

Today's Date: _____

Month that the change will take place _____

Schedule Change

Schedule changes need to be made by the 1st of the month prior to the new billing month. You will receive an email confirmation that the change has been approved.

First Child's Name: _____ DOB: _____

Current Schedule: _____

Please change my child's schedule to: _____

Second child's Name: _____ DOB: _____

Current Schedule: _____

Please change my child's schedule to: _____

Withdrawal

Withdrawals need to be made by the 1st of the previous month. You will receive an email confirmation that the withdrawal has been approved.

First Child's Name: _____ DOB: _____

Second Child's Name: _____ DOB: _____

____ I would like to withdraw my child(ren).

Parent signature: _____ Date: _____

Office Use Only

Change Approved By _____ Date: _____