

Catalina Foothills
Valley View Early Learning Center
Schedule Change Form

Date: _____

Child's Name: _____

Classroom: _____

Current Schedule: _____

New Schedule: _____

Any change in schedule must be received at least **7 days in advance** of the needed schedule change. Any change in tuition rate will be posted on your tuition statement.

Effective Date: _____

Parent's Signature: _____

Director/Secretary Signature: _____