AMERICAN RIVER COLLEGE
CHILD DEVELOPMENT CENTER

SCHEDULE CHANGE REQUEST
Requests are not immediate – allow up to 48 hours for processing.

Date of Request: _____

- ☐ I understand that schedule changes are approved based on the needs of the family as well as the availability of care at the CDC.
- ☐ I understand that my child's schedule remains the same until the new schedule is approved (up to 48 hours for processing)
- ☐ _____ (Initial of Enrolling Parent)

Parent's Name: _____ Child's Name: _____

ARC Student ID #:_____ CLASSROOM #: _____

Please check the reason for the schedule change request:

- ☐ I want to add a class outside of my currently scheduled hours
- ☐ I am dropping a class and want to reduce my schedule accordingly
- ☐ I am requesting study time
- ☐ I am requesting work hours
- ☐ Other (please explain) _____

INCLUDE COPIES OF BOTH PARENTS' CURRENT CLASS SCHEDULES AND SYLLABI FOR ONLINE CLASSES AND/OR EMPLOYMENT HOURS WITH THIS REQUEST.

OFFICE ONLY

Approved: _____ Effective Date:
New Hours:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Schedule Change Denied: _____
Reason Change Denied:

- ○ Schedule changed in CareConnect
- ○ Notice of Action completed
- ○ Google roster updated
- ○ Green schedule form to classroom

Family Fee Change? Yes / No

☐ ☐