

AMERICAN RIVER COLLEGE  
CHILD DEVELOPMENT CENTER

**SCHEDULE CHANGE REQUEST**

Date of Request: \_\_\_\_\_

I am requesting to change my child's schedule. 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 also understand that my child's current schedule is in effect for 12 months following my certification and that I am not required to complete a schedule change unless I want different hours and/or days of care. \_\_\_\_\_ (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) \_\_\_\_\_

**Please fill out the attached green *Schedule Form* with your COMPLETE SCHEDULE (both classes and work hours) and submit to the CDC Office.**

**YOU MUST INCLUDE A COPY OF BOTH PARENTS' CURRENT CLASS SCHEDULE(S) AND/OR EMPLOYMENT HOURS WITH THIS REQUEST.**

..... **OFFICE USE ONLY** .....

Approved: \_\_\_\_\_ Effective Date:

Schedule Change Denied: \_\_\_\_\_

New Hours:

Reason Change Denied:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Family Fee Change? Yes / No