



A NJ Non-Profit Corporation
Celebrating 25 Years of Caring for Children

Haddonfield Child Care

NOTIFICATION OF SCHEDULE CHANGE

All schedule changes for a given month must be made in writing on this form.

Verbal changes to any HCC staff member will not be considered valid.

Decreases in schedule must be received in the HCC office by 3:00 p.m. on the 15th of the month (or the last previous business day) of the preceding month.

If this form is not received by the deadline, you will be billed at the higher tuition rate, or assessed a \$50.00 processing fee, whichever is less.

Please complete a separate form for each child affected by the change in schedule.

No changes can be made once the month begins.

Please note: Changing to per diem status or withdrawing from the program are **not** considered “**schedule changes**”. Those status changes require **30 days notice** prior to the start of the month in which they will take effect.

Please make the following changes in schedule for my child _____ :
Name of Child

CURRENT

NEW

| <u>Days</u> | <u>Schedule</u> |
|-------------|-----------------|
| Monday | _____ |
| Tuesday | _____ |
| Wednesday | _____ |
| Thursday | _____ |
| Friday | _____ |

| <u>Days</u> | <u>Schedule</u> |
|-------------|-----------------|
| Monday | _____ |
| Tuesday | _____ |
| Wednesday | _____ |
| Thursday | _____ |
| Friday | _____ |

I would like this change to be effective _____
Date

Today's date _____
Signature

FOR OFFICE USE ONLY

| | | |
|-----------------------------------|------------|----------|
| Program Supervisor notified _____ | Date _____ | By _____ |
| Attendance record changed _____ | Date _____ | By _____ |
| Changed in billing system _____ | Date _____ | By _____ |