

**Solana Beach Child Development Center  
REQUEST FOR SCHEDULE CHANGE  
School Age**

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

**Current PM schedule:**

M T W Th F                  Drop- In

**I wish to change to the following schedule:**

M T W Th F                  Drop- In

**I understand this change, if possible, will be effective on the first day of the next month.** Please see CDC Head Teacher if additional days are needed before the effective date of change.

\_\_\_\_\_  
(Parent/Guardian Signature)

Circle School Site:    CC    SH    SKY    SP    SV    SSF    SR