



# ZEARING CHILD ENRICHMENT CENTER

## **REQUEST FOR CHANGE IN ENROLLMENT DAYS**

**CHILD'S NAME:** \_\_\_\_\_

**REASON FOR CHANGE:** \_\_\_\_\_

**DAYS/TIME ATTENDING DAY CARE:** \_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent, Legal Guardian**