SCHEDULE CHANGE REQUEST

Child's Name

Requested date of change ____

Schedule Request - please circle your requested schedule

UO = University of Oregon Affiliate Families

INFANT – PRE-K PROGRAM					
Rates/Month		Infant/Young Toddler	Toddler	Preschool/Pre-K	
Full Day		UO	UO	UO	
Monday-Friday	7:30 am-5:45 pm	1280	1226	965	
Mon, Wed, Fri	7:30 am-5:45 pm	998	956	753	
Tue, Thur	7:30 am-5:45 pm	666	637	502	
Half Day					
Monday-Friday	7:30 am-12:30 pm	812	777	612	
Monday-Friday	12:30 pm-5:45 pm	852	816	642	

SCHOOL AGE PROGRAM					
Rates/Month	School Age	Transportation Add			
		Bus	Bus Stop*		
	UO	UO	UO		
Monday-Friday	375	72	34		
Mon, Wed, Fri	295	43	21		
Tue, Thur	196	29	14		
* Pickup from bus stop for Edison Elementary children					

Reduction in schedule or withdrawal from the center requires 30 days advance written notice, regardless of child's attendance. Requests are accommodated when space is available. Tuition will be charged at the rate of the original schedule for thirty days after the submittal of a Schedule Request.

Parent's Signature	Date

Approved/Denied by ______Date_____

OFFICIAL USE ONLY		
Received by:	Date:	