



# CHANGE/VACATION FORM

## ADDRESS STATUS CHANGE

CC: 697

CHILD'S NAME: (LAST, FIRST)	OLD ADDRESS:	OLD PHONE NUMBER:
CHILD'S CLASS ROOM :	NEW/CURRENT ADDRESS:	NEW/CURRENT PHONE NUMBER:

## SCHEDULE CHANGE

CHILD'S NAME: (LAST, FIRST)	NEW SCHEDULE BEGINS ON: _____	CHILD'S CLASS ROOM :	CIRCLE ONE:	THIS WEEK ONLY OR PERMANENT SCHEDULE
<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>

Private Pay Billing Request (for families eligible for County Assistance) Non-working Care Request

## VACATION REQUEST

CHILD'S NAME: (LAST, FIRST)	START VACATION:	RETURN DATE IN DAY CARE:
CHILD'S CLASS ROOM :	2 WEEK NOTICE GIVEN FOR 50% ON:	*50% CREDIT ELIGIBLE DAYS ARE LIMITED- SEE HANDBOOK FOR DETAILS

## LAST DAY- DEPOSIT REFUND REQUEST

CHILD'S NAME: (LAST, FIRST)	CHILD'S CLASSROOM:	LAST DAY ATTENDING:
KEEP ON MOMENT'S NOTICE WITH ONE DAY DEPOSIT? <b>YES</b> <b>NO</b>	2 WEEK NOTICE GIVEN ON:	REASON:

I acknowledge that I must give two weeks notice for all schedule changes and vacation requests. The financial adjustments will take place two weeks after the date requested for any decrease in scheduled days where the required two weeks notice was not given as per Monarch policies and procedures outlined in the parent handbook.

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

\_\_\_\_\_ Date Form Completed

### FOR OFFICE USE ONLY

ADDRESS CHANGE POSTED IN PROCARE: yes: _____	ChilPro Business Office CC'd: yes: _____	NA
PROGRAM CHANGE: FROM: _____ To: _____		
SCHEDULE CHANGES:		
Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____		
Vacation Credit Issued: Yes: _____ No: _____	Deposit refunded: Yes: _____ No: _____	
x _____	Date: _____	
(Employee Signature)		