



21655 W. Division Street
Lockport, IL 60441
815-744-6813

I (parent name) _____ need to change my child care days and/or hours for
(child name) _____ starting on _____.

The new hours needed are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From	_____	_____	_____	_____	_____	_____
To	_____	_____	_____	_____	_____	_____

Special Notes _____

I understand that these changes will be granted based on availability of hours. I will be notified within 24 hours if these hours are available and a change of contract will be filled out, including new pricing. 2 weeks notice must be given for change of hours.

Form accepted by _____ Date _____