

Erwin Child & Family Center
Application for Temporary Part-time Enrollment

Parent/Guardian Name _____

Child Name _____

Child's Classroom _____

Requested Part-time Start Date _____
(must be on a Monday)

Requested End Date _____
(must be on a Friday)

Preferred Part-time Schedule

Final schedule decision will be made by center administration. Consideration will be given to parent choice, class size and ratio when approving schedules.

Days: _____

Time: _____

****Temporary Part-Time status must fall within a six to eight week time frame.***

Qualifying Circumstances

- Maternity Leave
- Temporary Lay Off or Seasonal Schedule Change
(Including teacher summer vacation)
- Extended International Travel
- Visiting Relative
- Job Loss
- Other- Be Specific _____

Parent/Guardian Signature

Date

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Office Use Only

Date Received _____

Date Reviewed _____

Approved
Approved Schedule _____

Denied- Reason _____

- Cc: Parent
 Director
 Assistant Director
 Classroom
 Billing
 Receptionist