

Change of Service Request Form

All requests must be received TWO WEEKS in advance in order to be accommodated

Child's Name _____ Classroom _____ Date _____

Schedule Change Request

Hours Needed: M _____ T _____ W _____ Th _____ F _____

Date Effective _____ New Monthly Rate _____

We will inform you if your request can be accommodated.

Additional Day

Date(s) Needed _____

I understand that there will be an additional charge for any extra days.

Vacation Request

Dates: _____

Each Family is given two weeks of vacation (Sept 08-Sept 09) credit depending on the scheduled program

Withdrawal Notice

Date of Withdrawal: _____

Reason for Withdrawal _____

Monthly Tuition and Registration Fees are non-refundable

Change of Information

New address _____

New Phone _____ New Work Phone _____

Parent Signature _____ Date _____

Office Use Only

Received by: _____ Date: _____ Approved by: _____ Date: _____