



SCHEDULE CHANGE or WITHDRAWAL FROM PROGRAM

*A two-week written notice is needed to withdrawal or make a schedule change.
*All schedule adjustments requiring a refund will be assessed a \$25.00 processing fee.

PLEASE PRINT

_____ Date

Primary Parent:

(responsible for billing)

Address:

City and Zip Code:

Email:

Phone #:

Child's Name:

Center:

SESSIONS

Add:

Before

After

Summer

Effective Date: _____

Wk(s).

Withdrawal from:

Before

After

Before & After

Summer

Effective Date: _____

Wk(s)

Reason for Withdrawal:

Moving out of area

No longer require service

Dissatisfied with Program

Other _____

Parent's Signature