



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD CARE CHANGE FORM

Effective Date:

Child(ren)'s Name: _____ Site: _____

Parent's Name: _____ Date: _____

Change Childcare Options

NEW MONTHLY TUITION \$ _____ EFFECTIVE DRAFT DATE: ____/1/____

REASON FOR CHANGE IN MONTHLY TUITION AMOUNT: _____

CHANGE CHILD CARE PLAN TO:

- Full-Time (Mon – Fri) 3-Days* 2-Days* AM Only PM Only
- Kindergarten Plus Only (M-F till 2:05 pm) Kindergarten Plus 5-Day Extended Care
- Kindergarten Plus 3-Day Extended Care* Kindergarten Plus 2-Day Extended Care*
- Late Owl Kindergarten – Please indicate days & hours of attendance _____

*For 3-Day & 2-Day Options, Please Circle Days Needed (dependent on availability) M T W TH F

Other Changes

TRANSFER MY CHILD
FROM _____ TO _____ Transfer Date: _____
(Childcare Site) (Childcare Site)

OTHER CHANGE (Please Specify) _____

Parent/Guardian Signature	Date
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For Office Use Only: Date Completed: ____/____/____ By Whom: _____