



CHANGE OF PLAN

CHILD INFORMATION

Child 1 First Name:	Child 1 Last Name:
Child 2 First Name:	Child 2 Last Name:
Child 3 First Name:	Child 3 Last Name:

CURRENT TUITION PLAN

Program Site:	
Choose 1:	<input type="checkbox"/> Full-time (4-5 days per week) <input type="checkbox"/> Part-time (1-3 days per week) select days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Choose 1:	<input type="checkbox"/> Before School* - AM <input type="checkbox"/> After School - PM <input type="checkbox"/> Before* and After School - AM/PM
Other Options:	<input type="checkbox"/> Flex Pass <input type="checkbox"/> Breaks Only* (must register child at least two weeks before each break begins)

NEW TUITION PLAN

Program Site:	Date New Plan Begins: / /
Please choose a Monday date. Minimum one-week notice required	
Choose 1:	<input type="checkbox"/> Full-time (4-5 days per week) <input type="checkbox"/> Part-time (1-3 days per week) select days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Choose 1:	<input type="checkbox"/> Before School* - AM <input type="checkbox"/> After School - PM <input type="checkbox"/> Before* and After School - AM/PM
Other Options:	<input type="checkbox"/> Flex Pass <input type="checkbox"/> Breaks Only* (must register child at least two weeks before each break begins)

*Please note, before school and break programs not available at all schools

PARENT/GUARDIAN

Name:	Email:
Phone #: ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Parent/Guardian Signature:	Date: / /

STAFF USE ONLY

Date Received _____ / _____ / _____ Staff Initials _____