

ENROLLMENT & INFORMATION CHANGES /
WITHDRAWALS

Child's Name: _____

Address: _____

School : _____ Day Time #: _____

OLD SCHEDULE

AM _____ M _____ T _____ W _____ TH _____ F _____
 PM _____ M _____ T _____ W _____ TH _____ F _____
DROP-IN: _____ WITHDRAWN _____

NEW SCHEDULE

AM _____ M _____ T _____ W _____ TH _____ F _____
 PM _____ M _____ T _____ W _____ TH _____ F _____
DROP-IN _____ WITHDRAWAL _____

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**EFFECTIVE DATE OF NEW SCHEDULE:** \_\_\_\_\_

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New Personal Information:

New Emergency Contact Information:

If withdrawal, please indicate the reason:

No longer working _____ Other Activity _____

New Childcare _____ Other _____ (give details)

Please take a few moments to give an evaluation of the program and/or additional detail regarding your reason for withdrawing:

Parent Signature: _____ Date: _____