



REQUEST FOR CHANGE OF ENROLLMENT

SCHOOL _____

CHILD'S NAME _____

* Please indicate your child's current schedule and new schedule.

Change of Enrollment Checklist	
___ Access	___ Numbers
___ Procure Sched.	___ BB
___ Copy to site	___ Call Log
___ Copy to Blue Folder	
(for future schedule change)	
___ Billing Clerk	___ OF
___ Operations Manager	
___ Business Manager	

CURRENT SCHEDULE

MONDAY AM _____
TUESDAY AM _____
WEDNESDAY AM _____
THURSDAY AM _____
FRIDAY AM _____

MONDAY PM _____
TUESDAY PM _____
WEDNESDAY PM _____
THURSDAY PM _____
FRIDAY PM _____

SHO PLUS _____

CHANGE SCHEDULE TO

MONDAY AM _____
TUESDAY AM _____
WEDNESDAY AM _____
THURSDAY AM _____
FRIDAY AM _____

MONDAY PM _____
TUESDAY PM _____
WEDNESDAY PM _____
THURSDAY PM _____
FRIDAY PM _____

SHO PLUS _____

CHANGE – First Day of Change: _____(Date)

-OR-

WITHDRAW – Last Day Attending Program: _____(Date)

REASON FOR CHANGE OR WITHDRAW:

*NOTE: A change in child's (regular attendance) schedule requires two week's notice.
If you are changing from SHO PLUS to a weekly schedule, you will be required to pay a security deposit equal to your weekly contracted fee.*

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

**This form is to be filed in the front of the child's folder.*