



**REQUEST FOR CHANGE OF ENROLLMENT**

SCHOOL \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

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

CURRENT SCHEDULE

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

SHO PLUS \_\_\_\_\_

CHANGE SCHEDULE TO

MONDAY	AM _____	MONDAY	PM _____
TUESDAY	AM _____	TUESDAY	PM _____
WEDNESDAY	AM _____	WEDNESDAY	PM _____
THURSDAY	AM _____	THURSDAY	PM _____
FRIDAY	AM _____	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.