

RE-ENROLLMENT REQUEST FORM

Child's Name: _____ Child Care Site: _____

Parent's Name: _____

Contact Phone Number: _____ Email Address: _____

Re-Enrollment Effective Date: _____

Type of Enrollment: _____ Days of Enrollment: _____

*Must give a 24-hour prior to the start date being requested. Verbal notices will **NOT BE ACCEPTED**. A **\$25 re-enrollment fee per family will be charged plus the month's tuition if space is available.***

For Office Use Only

Date request received: _____ Request received by: _____

Request processed by: _____ Request Approved/Denied by: _____

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