

REQUEST FOR ENROLLMENT CHANGE

Child's Name: _____ Child Care Site: _____

Parent's Name: _____

Contact Phone Number: _____ Email Address: _____

Effective Date of Enrollment Change: _____ Reason: _____

Requesting: (Please check one) _____ Add _____ Drop _____ Change Days, Times of Attendance

Describe change: _____

*Must submit five business days prior to the start of the enrollment change in person or via email. Verbal notices will **NOT** be accepted. Up to 2 enrollment change requests can be made per school year without charge. **A fee of \$10 will be required for any additional enrollment change requests.***

For Office Use Only

Date request received: _____ Request received by: _____

Request Processed by: _____ Request Approved/Denied By: _____

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