

KIDS' COMPANY – CHANGE IN SCHEDULE FORM

Indicate child's school: Island Park Lakeridge West Mercer

Change of days or times cannot be guaranteed, but will be made on a space available basis.
Any change of programs or schedule requires this form to be completed and turned in by the 1st of the month with changes effective on the 1st of the following month.

Child's Name: _____ Today's Date: _____

Currently Signed Up for (Directors Use Only):

7 AM – 9 AM Mon. Tues. Wed. Thurs. Fri.

3 PM – 6 PM Mon. Tues. Wed. Thurs. Fri.

Effective Date: _____ Director's Signature: _____

Director's Notes:

Change Schedule To (Parent Completes):

7 AM – 9 AM Mon. Tues. Wed. Thurs. Fri.

3 PM – 6 PM Mon. Tues. Wed. Thurs. Fri.

Parent's Signature: _____

For ECA Office Use Only:

Tuition Changes : From: _____ To: _____
\$ _____ \$ _____

Effective Date: _____ Staff Signature: _____

Data Entry: CCM Enrollment Donor Sign-in
Turbo: _____ Record: _____ Perfect: _____ Sheets: _____

Original – Child's File at Office

Copy – Parent

Copy – Child's File at Center