



Contract Change Form

School: _____

Student Name(s): _____

Contract Change Options

Contract Changes require a 2 week notice!

First contract change is free and any change after that is a \$15.00 fee.

- Option 1: Regular Care** (*a consistent schedule*)
- _____ Before School Days (please circle) M T W H F
- _____ After School Days (please circle) M T W H F

Option 2: Calendar Care (*a monthly calendar is required*)

Option 3: Drop In Care (*no schedule required-must have a card on file*)

Date Effective: ____/____/____ ****2 Week Notice Required****

Termination Notice

Terminations require a 2 week notice

Terminate Contract as of ____/____/____

PARENT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Form Received: ____/____/____ # of Contract Changes: ____ Date Effective: ____/____/____

- Processed In TIES Backpack Tag Created Notified Site