

BEFORE & AFTER SCHOOL PROGRAM

2019-2020 Program Change Form

School Name: _____

*ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CHANGE TO BE PROCESSED

Please refer to the 2019-2020 Before & After School Parent Handbook for registration policies. Form must be completed and submitted to Program Director at least 2 weeks prior to effective date.

Participant Information

Primary Parent Guardian: _____

First

Last

Child/Participant: _____ Date of Birth: ___/___/___

First

Last

Child/Participant: _____ Date of Birth: ___/___/___

First

Last

Current Program Information

Program (circle one): Before Care: FT PT After Care: FT PT Camp: Winter, Spring Break and Summer

Program Change

Program (circle one): Before Care: FT PT After Care: FT PT Camp: Winter, Spring Break and Summer

Reason for Request

Effective Date:

Parent/Guardian Signature: _____ Date: _____

Office Use Only:
Received by: _____
Date: _____
<input type="checkbox"/> Entered in EZCare