

KIDS CONNECTION/JUST 4 KIDS

SUMMER CHANGE FORM

A two-week notification is required for reduction to a schedule. An additional fee of \$15 will be applied to your Kids Connection account for each change.

Child Name _____ Make the changes effective: _____
Month / Date / Year

Parent/Guardian Name _____ Parent/Guardian Signature _____

Please use second page to indicate any schedule changes you would like to implement.

Please complete the information below *ONLY* if you wish to withdraw from Kids Connection.

Withdrawal from Kids Connection

A two-week (10 business days) written notice is required to withdraw from Kids Connection. Tuition will be charged during the two-week period.

Child Name _____ Last day of attendance will be: _____
Month / Date / Year

Parent/Guardian Name _____ Parent/Guardian Signature _____

This is my child's current schedule:

Kids Connection (K-5) Times your child will attend	Please check days of attendance					Rates
	M	T	W	Th	F	
Weekly care 6:00 a.m.-6:00 p.m.	<input type="checkbox"/> Monday-Friday					Fixed rate of \$150.00 each week Drop-In rate of \$165.00 each week
1-4 days per week 6:00 a.m.-6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$33.00 per day Drop-in rate of \$36.00 per day
Just 4 Kids Times your child will attend	Please check days of attendance					Rates
	M	T	W	Th	F	
Weekly care 6:00 a.m.-6:00 p.m.	<input type="checkbox"/> Monday-Friday					Fixed rate of \$165.00 each week Drop-In rate of \$180.00 each week
1-4 days per week 6:00 a.m.-6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$36.00 per day Drop-in rate of \$39.00 per day

Please change their schedule to this:

Kids Connection (K-5) Times your child will attend	Please check days of attendance					Rates
	M	T	W	Th	F	
Weekly care 6:00 a.m.-6:00 p.m.	<input type="checkbox"/> Monday-Friday					Fixed rate of \$150.00 each week Drop-In rate of \$165.00 each week
1-4 days per week 6:00 a.m.-6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$33.00 per day Drop-in rate of \$36.00 per day
Just 4 Kids Times your child will attend	Please check days of attendance					Rates
	M	T	W	Th	F	
Weekly care 6:00 a.m.-6:00 p.m.	<input type="checkbox"/> Monday-Friday					Fixed rate of \$165.00 each week Drop-In rate of \$180.00 each week
1-4 days per week 6:00 a.m.-6:00 p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixed rate of \$36.00 per day Drop-in rate of \$39.00 per day

Date Received _____

Staff Initials _____