



CHILD CARE PROGRAM - REQUEST FOR CHANGE IN STATUS

Please print clearly in blue or black ink.

FAMILY INFORMATION	
DATE	SCHOOL CHILD CARE SITE
PARENT/GUARDIAN NAME	
HOME/MOBILE PHONE NUMBER () _____ - _____	WORK PHONE NUMBER () _____ - _____
NAMES OF CHILDREN: 1. _____ 2. _____ 3. _____	
CHANGING FROM:	CHANGING TO:
<input type="checkbox"/> 1 CHILD, 1 SESSION <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 1 CHILD, 2 SESSIONS <input type="checkbox"/> 2 CHILDREN, 1 SESSION <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 2 CHILDREN, 2 SESSIONS <input type="checkbox"/> 3 CHILDREN, 1 SESSION <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 3 CHILDREN, 2 SESSIONS <input type="checkbox"/> WITHDRAW FROM PROGRAM <input type="checkbox"/> DROP-IN	<input type="checkbox"/> 1 CHILD, 1 SESSION <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 1 CHILD, 2 SESSIONS <input type="checkbox"/> 2 CHILDREN, 1 SESSION <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 2 CHILDREN, 2 SESSIONS <input type="checkbox"/> 3 CHILDREN, 1 SESSION <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> 3 CHILDREN, 2 SESSIONS <input type="checkbox"/> WITHDRAW FROM PROGRAM <input type="checkbox"/> DROP-IN
EFFECTIVE DATE OF CHANGE: ____/____/____ (Two week written notice must be given prior to withdraw to use Security Deposit, otherwise Security Deposit will be forfeited.)	
SIGNATURE OF PARENT/GUARDIAN	

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