

EXTENDED DAY PROGRAM
Status Change Form



School: _____

To be completed by parent or guardian:

Child/Children: _____

Date Status Change to Take Effect: _____

I would like to change the above referenced child/children's extended day status to:

(circle one)

AM Only (Billed Monthly)

AM Drop-In (Billed Daily)

PM Only (Billed Monthly)

PM Drop-In (Billed Daily)

Full Time (AM & PM Billed Monthly)

Reason for status change:

Parent Signature: _____ Date: _____

To be completed by Extended Day Program Site Director/Bookkeeper

Site Director Approval: _____ Date: _____

Received by Bookkeeper: _____ Date: _____