

POB CSD CHILD CARE

Reentry Form

Email:	
Attn:	
CC:	
Auth:	
QBooks:	
Bill:	

Today's Date: _____

Student's Name: _____

School: _____

Teacher: _____

AM Hours: _____

PM Hours: _____

** You will only be able to reenroll after 6 weeks of being withdrawn if there is space available.

Parent Signature _____

Office Use Only:

Effective Date: _____

CC Office Signature: _____