Child’s Name (please print) __________________________________________________________

Please check the appropriate boxes.

Current Schedule: □ Preschool only (Sept.-May) □ M □ T □ W □ R □ F
  OR □ Extended Care □ M □ T □ W □ R □ F

New Schedule: □ Preschool only (Sept.-May) □ M □ T □ W □ R □ F
  OR □ Extended Care □ M □ T □ W □ R □ F

Change will be effective on (date): ____________

PLEASE NOTE: Parents are permitted one change to their Early Childhood Contract, temporary or permanent, without an administrative fee. Any changes made thereafter will result in a $50.00 administrative fee for each change made to your Early Childhood Contract regarding days or hours your child(ren) will be attending. (This does not include requests for playcare.)

PLEASE RETURN THIS FORM TO THE PRESCHOOL OFFICE. THANK YOU!

Parent’s Signature_________________________________________________________ Date ______________

OFFICE USE ONLY:

Sent to billing on: ___/____/_____ initials: ______________