FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHOOL'S OUT PROGRAM
ENROLLMENT CHANGES / WITHDRAWALS

(No refunds or credits for schedule changes effective after the first of the month)

Child(ren)'s Name:_____ **Today's Date:**_____

Address:_____ **School's Out Site:**_____

Day Time Phone#:_____ **Cell:** _____

OLD SCHEDULE

AM_____ **M**_____ **T**_____ **W**_____ **TH**_____ **F**_____

PM_____ **M**_____ **T**_____ **W**_____ **TH**_____ **F**_____

DROP-IN:_____

NEW SCHEDULE

AM_____ **M**_____ **T**_____ **W**_____ **TH**_____ **F**____

PM_____ **M**_____ **T**_____ **W**_____ **TH**_____ **F**_____

DROP-IN_____ **WITHDRAWAL**____

EFFECTIVE DATE OF NEW SCHEDULE_____

New Personal Information:_____

New Emergency Contact Information:_____

If withdrawal, please indicate the reason:

No longer working_____ Other Activity_____ New Childcare_____ Other_____ (give details)

Please take a few moments to give an evaluation of the program and/or additional detail regarding your reason for withdrawing. You may continue on back:

Parent Signature:_____ Date:_____

~~ Please submit 30 days prior to effective date of change/withdrawal ~~