



Change of Contract

Child Name: _____ DOB: _____

Information and Authorization

Parent/Guardian:

Add / Remove / Change

Name: _____ Phone #: _____

Address: _____ Email: _____

Emergency Contact & Authorized Pick up:

Add / Remove / Change

Name: _____ Phone #: _____

Address: _____ Email: _____

Name: _____ Phone #: _____

Address: _____ Email: _____

Schedule Change

Effective Date: _____

List desired schedule for each child

Child's Name (Last, First)	WEEKLY SCHEDULE: Please list your drop off and pick up time for each day				
	M	T	W	Th	F
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM
	AM- PM	AM- PM	AM- PM	AM- PM	AM- PM

Old Tuition Rate: _____ New Tuition Rate: _____

Parent/Guardian signature: _____ Date: _____