

Easton Community Center Before & After School Program

Childcare Withdrawal or Change Request Form

Child/Children: _____ Date: _____

Parent's Name: _____ Program: NSS / HES
(Please circle one program)

Complete Program Withdrawal Effective Date: _____

OR

Change From: (Please circle)

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Change To: (Please circle)

Monday	Tuesday	Wednesday	Thursday	Friday
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Change Beginning Date: _____

Change Ending Date: _____

Please be advised that changes can result in a modified tuition amount.

Signature of Parent: _____

Signature of Head Teacher: _____

Signature of Childcare Director: _____

Please remember that we require two weeks notice to process changes in service.

OFFICE USE ONLY	
Date Received:	Received by:
Date Changed:	Changed by:
Date Comment Changed:	Comment Changed by:
Head Teacher Notified Change Complete:	Spreadsheet Changed by:
Date Spreadsheet Emailed:	Spreadsheet Emailed by:
CCARE Removed From RecTrac	