



CHILDREN'S ACADEMY PRESCHOOL
PROGRAM CHANGE FORM

CHILD'S NAME: _____

PARENT/GUARDIAN'S NAME: _____

TELEPHONE NUMBER: _____

ADDING/CHANGING MONTHLY PROGRAM

DROPPING PROGRAM

REASON: _____

CURRENT PROGRAM

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHANGE PROGRAM

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHANGE EFFECTIVE DATE

PARENT/GUARDIAN SIGNATURE

OFFICE USE ONLY

COMPLETED BY: _____

DATE: _____

NOTIFIED TEACHER

NOTIFIED DIRECTOR

NOTIFIED DCE