



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