



PROGRAM CHANGE FORM

Please note that all program changes require a notice of 24 hours and a two week notice is required for withdrawing from the program. No changes will be considered from the first day of school through September 15th. Confirmation is required from the SEED office for any change to take effect. We appreciate your cooperation!

CHILD'S NAME: _____

PARENT'S NAME: _____ **PHONE NUMBER:** _____

PROGRAM SITE:

CENTRAL LATIMER LANE SQUADRON TARIFFVILLE TOOTIN' HILLS

ADDING/CHANGING MONTHLY PROGRAM: AM / PM (Please circle one)

DROPPING PROGRAM: AM / PM (Please circle one)

REASON: MOVING NEW CHILD CARE NO LONGER NEEDED

OTHER: _____

CURRENT PROGRAM CARE

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHANGE PROGRAM CARE

PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

CHANGE EFFECTIVE DATE

PARENT SIGNATURE

OFFICE USE ONLY

COMPLETED BY: _____

DATE: _____

NOTES: _____