



Before and After School Program
Change in Registration/Withdrawal Form

Child's Name(s): _____

School Attending: _____

Current Registration Status (*Please circle*): AM ONLY PM ONLY FULL-TIME

CHANGE TO (*Please circle*): AM ONLY PM ONLY FULL-TIME WITHDRAW

Effective: _____

Reason(s) (*Please circle all that apply*):

Moving Scheduling Conflict Personal Reasons Value of Fees Other Childcare

Child Old Enough to Stay Home Alone Other (*Please specify*): _____

Comments: _____

This is **30** days written notice to change my registration status or to withdraw.

Parent's Name: _____

Parent's Signature: _____

Date: _____

Email Address (all confirmations will be emailed): _____

FOR OFFICE USE ONLY

Date Received: _____ Initials: _____

Date Confirmed: _____ Initials: _____

Building healthy
communities

