

3 and 4 Day Schedule Form

(Please use this form at registration and any time you require a schedule change.)

Date:					
Child's Name:_					
Circle all those y	ou want to e	nroll in:			
Days Per Week:	Monday	Tuesday	Wednesday	Thursday	Friday
By registering fo and in addition t			oer week I underst	and and agree	to the following
Schedule/Refun	ds:				
 All change 	ges must be i	n writing via fax	x, email or letter.		
 All change 	ges must be s	ubmitted befor	re the 15 th of the r	nonth prior. (Ex	xample: Any
changes	for the mont	h of October m	ust be submitted	by September	15 th .)
 No chan is submi 	_	r mid month, th	nerefore no refund	s will be issued	d after the schedule
 Half day 	s are include	d in fee for sche	eduled days, if regi	stered for PM	session.
•		rate is for an av	verage number of heduled days.	days per mont	h, therefore there
• There w	ill be no refui	nds for program	n closings due to w	eather.	
Extra Servic	es				
		unscheduled d	ay for either the m	norning, aftern	oon, or half day,
you will	be charged fo	or the time as a	"extra service" fe	e of \$25 per da	ay.
Parent's Signatu	re:			Date:	