



# Club Kid/Preschool ENROLLMENT CHANGE FORM

There is a \$10 fee to make modifications to your child's enrollment due at the time of the change. Only the parent/guardian listed on the registration form can make changes.

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Effective Date: \_\_\_\_\_

ENROLLMENT CHANGE INFORMATION: ☐Preschool ☐Club Kid 2/3 Days ☐Club Kid 4/5 Days  
Please select those that apply.

☐ **ADD** the following to my child's enrollment schedule:

**THIS FORM MUST BE RECEIVED 5 SCHOOL DAYS PRIOR TO THE EFFECTIVE DATE.**

**AM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

**PM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

**EXTENDED AM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

**EXTENDED PM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

☐ **REMOVE** the following to my child's enrollment schedule:

**THIS FORM MUST BE RECEIVED 5 SCHOOL DAYS PRIOR TO THE EFFECTIVE DATE.**

**AM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

**PM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

**EXTENDED AM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

**EXTENDED PM PROGRAM**

☐Monday  
☐Tuesday  
☐Wednesday  
☐Thursday  
☐Friday

☐ **CANCEL** my child's enrollment in Club Kid/First Step Preschool.

**THIS FORM MUST BE RECEIVED 30 DAYS PRIOR TO THE DRAFT ON THE 1ST.**

Additional Comments:

I understand that the \$10 CHANGE FEE will be charged to the account I have on file for the monthly draft.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY: ☐Department Copied

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_



## Club Kid/Preschool DRAFT CHANGE FORM

**THIS FORM MUST BE FILLED AND RECEIVED 15 DAYS PRIOR TO THE DRAFT ON THE 1ST.**

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**DRAFT CHANGE INFORMATION:**

Please complete information applicable to your change.

**FOR CREDIT CARD CHANGES:**

**Visa**

**MasterCard**

**American Express**

**Discover**

**New Credit/Debit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**FOR CHECKING AND/OR SAVINGS ACCOUNT CHANGES:**

**New Bank Name:** \_\_\_\_\_

**New Bank Account #:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

Please attach a voided check.

**Name on Account:** \_\_\_\_\_

**Account Holder Signature:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_

**OFFICE USE ONLY:**

**Date Received:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_ **Initials:** \_\_\_\_\_