Enrollment Contract
CHANGE FORM

Received Date:_____

Please use this form for changes to "Add-On" Programs that you previously selected on page 2 of the enrollment contract. This document will become part of your enrollment contract.

CHILD'S NAME:_____ **GRADE:**_____
(one form per child)

Add-On Programs

Please indicate whether you would like to add or drop one of the following add-on programs. The SECTION number refers to the section in the "Information on Add-On Programs" booklet included with your enrollment package.

☐ (SECTION 1) Preschool Afternoon Program – Monday through Friday (1:30 -2:45)
☐ **ADD**   ☐ **DROP**   **EFFECTIVE DATE** _____

☐ (SECTION 1) Preschool Extended Day – Monday through Friday (2:45-4:45)
☐ **ADD**   ☐ **DROP**   **EFFECTIVE DATE** _____

☐ (SECTION 2) SEL to Grade 9 Extended Day – Monday through Friday (3:10-4:45)
☐ **ADD**   ☐ **DROP**   **EFFECTIVE DATE** _____

☐ (SECTION 3) Annual Lunch Pass for Cafeteria
☐ **ADD**   ☐ **DROP**   **EFFECTIVE DATE** _____

☐ (SECTION 4) School Bus Service for students age 4 & up.
☐ **ADD**   ☐ **DROP**   **EFFECTIVE DATE** _____

Bus # _____   **Bus Stop Location:** _____

If you are **ADDING** programs: Please submit this form within 5 days of desired start date. Bus passes will be available from the bus driver on the first day of service. Lunch passes will be delivered to your student's homeroom teacher.

If you are **DROPPING** programs: Financial credits will not be applied until bus and lunch passes have been returned to the front office. Please request a receipt when returning your pass.

Please note, a change **fee of $25** will be assessed with the submittal of this form, regardless of how many programs you are either adding or dropping. The fee will be included in your next bill. **Please do NOT include a check with this form.**
Additional charges will be billed in accordance with the selection made on your enrollment contract.
All charges and credits will be pro-rated on a monthly basis (ie. If you add or drop services during the month you will be charged for the full month.)

_____
PARENT/GUARDIAN FULL NAME (Print)

_____ _____
SIGNATURE   **Date**