

Permanent Change of Schedule Form

Email to p.rouquayrol@thecomoo.org

Today's Date: _____ Effective Date: _____

Child's Name: _____ Parent's Name: _____

I would like to: _____ withdraw from programming _____ change a schedule

Child Care Monthly Tuition: Withdrawals and change of schedules must be submitted by the 20th of the month to adjust billing for the following month. Child care tuition fees are non-refundable.

Camp COMO Weekly: When registering for camp, only a non-refundable deposit of \$50 is due at the time of registration. The remainder of the balance will be scheduled using the billing method you have chosen on file (credit card or EFT) 14 days before the start of the camp week. Camp payments are non-transferable and cannot be transferred to another week of camp. Additional payments (paying in full), are non-refundable and cannot be used as credit toward other weeks or programming. Schedule changes are filled as availability permits.

Child's Current Schedule (check all that apply):

Program: __Preschool__ __COMOkids__ __Summer Camp

Trad Presch (9-11:30am): M ___ T ___ W ___ Th ___ F ___

Afternoon Presch (12-4pm): M ___ T ___ W ___ Th ___ F ___

Full Day Presch (9-4pm): M ___ T ___ W ___ Th ___ F ___

Before School(7-9am): M ___ T ___ W ___ Th ___ F ___

After School(4-6pm): M ___ T ___ W ___ Th ___ F ___

AM Camp (9-12pm): M ___ T ___ W ___ Th ___ F ___

PM Day Camp (1-4pm): M ___ T ___ W ___ Th ___ F ___

Full Day Camp (9-4pm): M ___ T ___ W ___ Th ___ F ___

Child's New Schedule (check all that apply):

Program: __Preschool__ __COMOkids__ __Summer Camp

Trad Presch (9-11:30am): M ___ T ___ W ___ Th ___ F ___

Afternoon Presch (12-4pm): M ___ T ___ W ___ Th ___ F ___

Full Day Presch (9-4pm): M ___ T ___ W ___ Th ___ F ___

Before School(7-9am): M ___ T ___ W ___ Th ___ F ___

After School(4-6pm): M ___ T ___ W ___ Th ___ F ___

AM Camp (9-12pm): M ___ T ___ W ___ Th ___ F ___

PM Day Camp (1-4pm): M ___ T ___ W ___ Th ___ F ___

Full Day Camp (9-4pm): M ___ T ___ W ___ Th ___ F ___

Current weekly / monthly Tuition:

New weekly / monthly Tuition:

Notes:

Parent/Guardian Signature: _____

Education Director's Signature/Date _____ Office Initial/Date _____