Permanent Change of Schedule Form

Email to p.rouquayrol@thecomo.org

		-		to p.i.	ouque	.jrei@meeeme.erg						
Today's Date:	Effective Date:											
Child's Name:					Pare	nt's Name:						
I would like to: Withdra	w fro	m prog	gramm	ning /	Cha	nge a schedule						
	wing 1	month	. Chilo			of schedules must be submitt fees are non-refundable and n						
Child's Current Schedule (circle all that apply):						Child's New Schedule (circle all that apply):						
Program: Preschool / COMOKids						Program: Preschool / COMOKids						
AM Schedule (9 - 12 PM):	M	T	W	Th	F	AM Schedule (9 - 12 PM):	M	T	W	Th	F	
PM Schedule (1 - 4 PM):	M	T	W	Th	F	PM Schedule (1 - 4 PM):	M	T	W	Th	F	
Full Day Schedule (9 - 4 PM):	M	T	W	Th	F	Full Day Schedule (9 - 4 PM):	M	T	W	Th	F	
Before Care (7 - 9 AM):	M	T	W	Th	F	Before Care (7 - 9 AM):	M	T	W	Th	F	
After Care (4 - 6 PM):	M	T	W	Th	F	After Care (4 - 6 PM):	M	T	W	Th	F	
Current weekly / mont	thly T	Γuitio	n:			New weekly / monthly	Tui	tion:				
Notes:												
p.rouqu	ayrol	@thed				illa Rouquayrol, our Educat your forms in person to the			-	mail at		
Parent/Guardian Signa	ature	•										
Education Director's Signature/Date						Office Initial/Date						