

Permanent Summer Change of Schedule Form

Email to o.popovacallahan@thecomoo.org

Today's Date: _____ Effective Date: _____

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

I would like to (please circle): Withdraw from programming / Change a schedule

COMO Camp (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. Withdrawals and change of schedules must be submitted at least five days prior to the scheduled payment date to avoid being charged the balance due. 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 (circle all that apply):

Program: COMO Camp

Camp Week(s): 1 2 3 4 5 6 7 8 9 10

AM Schedule (9 - 12/12:30 PM): M T W Th F

PM Schedule (12:30 - 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

After Care (4 - 6 PM): M T W Th F

Current Rate Plan: _____

(For example: 5 Day Full Day)

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

Program: COMO Camp

Camp Week(s): 1 2 3 4 5 6 7 8 9 10

AM Schedule (9 - 12/12:30 PM): M T W Th F

PM Schedule (12:30 - 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

After Care (4 - 6 PM): M T W Th F

New Rate Plan: _____

Current weekly / monthly Tuition:

New weekly / monthly Tuition:

Notes:

Parent/Guardian Signature: _____

Education Director Signature/Date: _____ Office Initial/Date _____