

Permanent 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: 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 and non-transferable. All schedule changes are filled as availability permits.

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

Program: Preschool / COMOKids

AM Schedule (9 - 12 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

Before Care (7 - 9 AM): M T W Th F

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

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

Program: Preschool / COMOKids

AM Schedule (9 - 12 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

Before Care (7 - 9 AM): M T W Th F

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

Current weekly / monthly Tuition:

New weekly / monthly Tuition:

Notes:

Please submit Change of Schedule forms to Olga Callahan, at o.popovacallahan@thecomoo.org, or submit your forms in person to the Front Desk.

Parent/Guardian Signature: _____

Director Signature/Date _____ Office Initial/Date _____