

Permanent Summer Change of Schedule Form

Email to o.popovacallahan@thecommo.org

Today's Date: _____ Effective Date: _____

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

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

Summer Preschool Explorers (Monthly): 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.

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

Program: Preschool Explorers

Summer Month Registration(s): July / August

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 2 Day Full Day)

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

Program: Preschool Explorers

Summer Month Registration(s): July / August

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: _____

Notes:

Current monthly Tuition: _____

New monthly Tuition: _____

Parent/Guardian Signature: _____

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