

Easton Community Center
Before & After School Program

Childcare Withdrawal or Change Request Form

Child/Children: _____ Date: _____

Parent's Name: _____ Program: NSS / HH / SCC/ OHC
(Please circle one program)

Please remember that we require two weeks' notice to process changes in service.

Request in change/addition of care level

This is a one-time request. Date care is needed: _____ AM / PM / FULL

This is an ongoing childcare need. Date care will begin: _____

Date Care will end: _____

Change From: (please check)		Change To: (please check)	
<input type="checkbox"/>	Before School	<input type="checkbox"/>	Before School
<input type="checkbox"/>	After School	<input type="checkbox"/>	After School
<input type="checkbox"/>	Full Time (AM&PM)	<input type="checkbox"/>	Full Time (AM&PM)

Withdrawal

Complete Program Withdrawal Effective Date: _____

Please be advised that changes can result in a modified tuition amount.

Signature of Parent: _____

Signature of Head Teacher: _____

Signature of Childcare Director: _____

Please remember that we require two weeks' notice to process changes in service.

OFFICE USE ONLY	
Date Received:	Received by:
Date Changed:	Changed by:
Date Comment Changed:	Comment Changed by:
Head Teacher Notified Change Complete:	CCARE Removed From RecTrac