

Easton Community Center Before and After School Program

Childcare Withdrawal or Request for Modification Form

Child/Children _____ | Date: _____

Parent/Guardian Name _____ | Program: NSS, HH, SCC, OHS
(Please Circle One)

***Please Note: We require two weeks' notice to process changes in service**

Request in Change / Addition of Care Level:

One Time Request. Date care is needed: _____ (A.M. P.M. FULL)

On-going Childcare need; Date care will begin _____ | Date Care will End _____

Change From:		Change To:	
Before School		Before School	
After School		After School	
Full Time (A.M. & P.M.)		Full Time (A.M. & P.M.)	

Withdrawal:

Complete Program Withdrawal Effective Date: _____

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

Signature of Parent: _____ | Date _____

Signature of Head Teacher: _____ | Date _____

Signature of Childcare Director: _____ | Date _____

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:
Add to Change Book:	Cancel Future Bills