

USAGE CHANGE / WITHDRAWAL FORM

CHILD'S NAME _____

GROUP _____

ADD - Please ADD the following dates:

Date _____ Time _____
Date _____ Time _____
Date _____ Time _____

CANCEL - Please CANCEL the following dates:

Date _____ Time _____
Date _____ Time _____
Date _____ Time _____

WITHDRAWAL - Last day of attendance will be:

Date _____

Change in Billing Plan?

YES NO

Month of _____

Previous rate _____

Change to _____

Available Rates:

Monthly Daily Hourly

OFFICE USE ONLY

Was the two week notice met?

YES NO

RECEIVED BY _____

DATE RECEIVED _____
Please place this form in Nancy's Box

I understand that I will be billed for all dates & times I have scheduled a space for my child.
A TWO WEEK NOTICE IS REQUIRED FOR ALL CANCELLATIONS & WITHDRAWALS.

AUTHORIZED SIGNATURE

DATE

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