



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

### Afterschool Program Change Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

School child attends:  Cole  Vinal  South Shore Charter  
 Cushing  Hatherly  Jenkins  Wampanoag

*Please indicate your changes below:*

*I understand that a two-week notice must be given in order to make changes or withdraw my child from the program.*

Date Changes Take Effect: \_\_\_\_\_

Current BSCP Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday

New BSCP Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday  Withdraw

Current ASCP Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday

New ASCP Schedule:  Monday  Tuesday  Wednesday  Thursday  Friday  Withdraw

Additional Days Not Registered For (For sporadic use only in case of emergency):  BSCP  ASCP

Date(s): \_\_\_\_\_

**An additional payment is due at the time of registration when adding days. I understand that the enclosed changes will not be reflected on my bill until the next billing cycle with the exception of any additional days.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date