

-Laura's Center for the Arts Change Form-

Child's Name: _____

Parent/Guardian's Name" _____

Home Phone Number: _____

Cell Phone Number: _____

Current Schedule: _____

Please Indicate your Changes Below

(circle one) **Temporary Change**

Permanent Change

New Schedule: _____

Start date for new schedule: _____

End date for new schedule (if applicable) _____

** I understand that the above changes will not be reflected until the next billing cycle.

Please note that a two week notice must be given in order to withdraw your child from Laura's Center for the Arts Preschool.

Parent/Guardian Signature

Date

Director Signature

Effective Billing Date