



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

School Age Child Care 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