



School Age Programs – BASES (before & After School Enrichment Services) Schedule Change Form

CHILD(REN)'S NAME: _____ SCHOOL YEAR: _____
 PARENT'S NAME: _____ SITE: _____
 PARENT'S EMAIL: _____ PHONE: _____

I am requesting the following change(s) in my child's(ren's) schedule:

Please Circle Appropriate Days:

<u>Current Schedule - (changing from)</u>	Mornings	M	T	W	R	F
	Afternoons	M	T	W	R	F
<u>New Schedule Requested - (changing to)</u>	Mornings	M	T	W	R	F
	Afternoons	M	T	W	R	F

Withdrawn & Reason: _____

Please change my Direct Debit amount to: \$ _____ *per week / month*

Requested Date of Change: _____ **or Last Day Attending** _____

I understand that when making any changes to my child(ren)'s schedules, I'm required to give **10 school days written** notice and I will be charged for the next 10 school days according to the current schedule and that the requested schedule change will take place on the Monday that immediately follows the 10 school day notice. (No changes will be accepted after May 31st at 5:00pm for the *current* school year.) **I also understand that any additional days requested cannot be guaranteed.**

All changes must be made by returning this form to:
(Forms will not be accepted at the program site)

EdAdvance
 School Age Programs
 355 Goshen Rd.
 Litchfield, CT 06759
 Email: schoolage@EdAdvance.org
 Fax: 860-567-3381

Once the Schedule Change Form is **received**, an administrative staff person will email you to confirm receipt of this form. Once the Schedule Change Form is **reviewed**, an administrative staff person will email you to confirm the change. If you do not receive either of these emails from the Litchfield Office please contact us at 860.567.0863.

We will notify the Head Teacher at the site of this change, please notify your child's school. **Please Note:** If more than two schedule changes are made within the same school year there will be a \$15.00 charge for each additional change to cover administrative fees. Also, if you are re-enrolling there will be a \$15.00 charge to cover administrative & processing fees.

Also Note: Permanent changes in a child's schedule will not be permitted after June 1 of the current school year. Families will be financially obligated to pay for their child's permanent schedule as of May 31 through the rest of the school year.

Parent Signature: _____ **Date:** _____

<i>Office use only</i>	
Date received _____	Last Day / Effective Date _____
Parent notified _____	Head Teacher notified _____
Adjusted on Database _____	Adjusted on Payment Sheet _____
Revised Direct Debit Credit Card ACH _____	Removed from Dist List _____
Final Balance: _____	Billed/Refunded: _____

