

Enrollment Status Change

Child's Name:

Classroom:

Please complete one form for each child and check one of the following:

VACATION NOTICE - Last Day of Attendance:

____Returning:_____

A vacation notice is warranted when a child will not be in attendance due to vacation from one (1) to three (3) weeks. I understand that: I must pay tuition when my child is on vacation in order to maintain his/her slot, if your child does not return on the date listed below he/she will be withdrawn from the center and the deposit will be forfeited.

A leave of absence is warranted for a child who will not be in attendance anywhere from four (4) through twelve (12) weeks of leave. I understand that: I will be billed at a rate of 50% of my child's current tuition rate while he/she is on leave from the center in order to maintain his/her slot, my tuition must be paid in full prior to my child returning, if I need to change my return date I need to provide 24 hour notice, if my child does not return on the date listed below he/she will be withdrawn from the center and the deposit forfeited

WITHDRAWAL NOTICE- Last Day of Attendance: _____

A withdrawal is warranted should a child who will not be in attendance from thirteen(13) weeks to indefinitely. I understand that: If I provide a ten (10) business day notice, my deposit will be applied to my final invoice and if the account has been paid in full the deposit will be returned to me within ten (10) business days. If I would like to re-enroll my child a new enrollment packet must be completed and the \$25 application fee per child along with a \$200 deposit per child (\$400 max per family).

ADD A DAY - Date I Wish to Add: _____

Il understand that the day that I am adding will be billed at the daily rate in which I pay on the tuition sliding fee scale, and that the day must be approved by the front office prior to me bringing my child.

CHANGE OF ENROLLMENT STATUS - I request for my child to attend: ______Beginning:______
I understand that: approval of the change of status request is based on availability of slots and that I must obtain the approval in writing prior to my child changing their status.

Parent Signature:			Date:	
Reques	t has been approved / d	enied (state reason)	Initial/Date	
*****	*******	* * * * * * * * * * * * * * * * * * * *	*****	******
Office Use Only: Date Received: Initials:				
Assistant I	Director			
Add A Day /Change of Enrollment Start Date:				
	Tuition Statement Updated (Cha	anged/Credited/Refunded)	Secretary	:
	Enrollment Board Updated (Ren	noved or Added to Wait List)		Update OnCare - Make Inactive, Change Dates
	Copy to Secretary			Remove Paperwork from Classroom File, if applicable
	Copy to Parent			Remove Paperwork from Office Files, if applicable

Copy to Teacher

Remove from parent roster, if applicable
Remove IMP, HCP, & and Return Medication

- □ Update Fast Track, if applicable
- Pull Name from Emergency Code and OneCall
- □ Remove from Parent Permission Exp. List, if applicable