



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child Care Change Form 2018-2019

Child's Name: _____ Parent Name: _____ Grade: _____

Date: _____ School Name: _____

30 DAY NOTICE IS REQUIRED TO CANCEL. REDUCTION OF DAYS TAKES EFFECT ON THE 1ST OF THE FOLLOWING MONTH. INCREASE IN DAYS ON A SPACE AVAILABLE BASIS.

Please change my child's schedule to:

	7:00 am	6:30 pm	6:30 pm
	Morning Program	After School Program	TK/Kindie Program
	Community / Facility	Community / Facility	Community / Facility
1 day.....	<input type="checkbox"/> \$55 / \$51	<input type="checkbox"/> \$110 / \$103.....	<input type="checkbox"/> \$144 / \$134
2 days	<input type="checkbox"/> \$92 / \$84	<input type="checkbox"/> \$183 / \$171	<input type="checkbox"/> \$243 / \$227
3 days	<input type="checkbox"/> \$128 / \$118	<input type="checkbox"/> \$255 / \$237.....	<input type="checkbox"/> \$314 / \$291
4 days	<input type="checkbox"/> \$156 / \$146.....	<input type="checkbox"/> \$314 / \$291	<input type="checkbox"/> \$400 / \$372
5 days	<input type="checkbox"/> \$187 / \$175	<input type="checkbox"/> \$376 / \$349.....	<input type="checkbox"/> \$479 / \$445

TK/Kindie 4 Day Flat Rate (M, Tu, Th, F): \$178 / \$155 (For ONLY TK/Kindie until 3:00 pm)

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Please circle the days of attendance to reflect the change for **AM** care: M T W TH F

Please circle the days of attendance to reflect the change for **PM** care: M T W TH F

Explanation of change / comments:

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ADMIN USE ONLY:

Initials of coordinator: _____ Date Received: _____ Effective Date: _____

FA Split pay Agency