

2017 Summer Program Participant Information Change Form

Child's Name: _____

Old Schedule: _____ Full Time (4-5 days) _____ Part Time (1-3 days)

_____ Week: _____

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

- | | |
|--|---|
| <input type="checkbox"/> Schedule I: 8:00 a.m. – 1:00 p.m. | <input type="checkbox"/> Schedule II: 1:00 p.m. – 6:00 p.m. |
| <input type="checkbox"/> Schedule III: 8:00 a.m. – 6:00 p.m. | <input type="checkbox"/> AM Coverage 7:00 a.m. – 8:00 a.m. |

New Schedule: _____ Full Time (4-5 days) _____ Part Time (1-3 days)

_____ Week: _____

- | | |
|--|---|
| <input type="checkbox"/> Schedule I: 8:00 a.m. – 1:00 p.m. | <input type="checkbox"/> Schedule II: 1:00 p.m. – 6:00 p.m. |
| <input type="checkbox"/> Schedule III: 8:00 a.m. – 6:00 p.m. | <input type="checkbox"/> AM Coverage 7:00 a.m. – 8:00 a.m. |

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Effective Date New Schedule will start: _____ **New Monthly Rate:** _____

New Home Telephone #: _____

New Work Telephone #: _____

New Address: _____

New Emergency Contact Name: _____ Telephone #: _____

New Emergency Contact Address: _____

Other New Information: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

_____ Transmittal

_____ Billing