

Please use this form for changes to “Add-On” Programs that you previously selected on page 2 of the enrollment contract. This document will become part of your enrollment contract.

CHILD’S NAME: _____ **GRADE:** _____
(one form per child)

Add-On Programs

Please indicate whether you would like to add or drop one of the following add-on programs. The SECTION number refers to the section in the “Information on Add-On Programs” booklet included with your enrollment package.

- (SECTION 1/2) Morning Care – Monday through Friday (6:30am - 8:00am)
 ADD **DROP** **EFFECTIVE DATE** _____

- (SECTION 1) Preschool Afternoon Program – Monday through Friday (1:30pm - 2:45pm)
 ADD **DROP** **EFFECTIVE DATE** _____

- (SECTION 1) Preschool Extended Care – Monday through Friday (2:45pm - 4:45pm)
 ADD **DROP** **EFFECTIVE DATE** _____

- (SECTION 1/2) Evening Care – Monday through Friday (2:45pm - 4:45pm)
 ADD **DROP** **EFFECTIVE DATE** _____

- (SECTION 2) SEL to Grade 9 Extended Care – Monday through Friday (3:10pm - 4:45pm)
 ADD **DROP** **EFFECTIVE DATE** _____

- (SECTION 4) Annual Lunch Pass for Cafeteria
 ADD **DROP** **EFFECTIVE DATE** _____

- (SECTION 5) School Bus Service for students age 4 & up.
 ADD **DROP** **EFFECTIVE DATE** _____

Bus # _____ **Bus Stop Location:** _____

If you are **ADDING** programs: Please submit this form at least 5 days prior to desired start date. Bus passes will be available from the bus driver on the first day of service.

If you are **DROPPING** programs: Financial credits will not be applied until bus passes have been returned to the front office. Please request a receipt when returning your pass.

Please note, a change **fee of \$50** will be assessed with the submittal of this form, regardless of how many programs you are either adding or dropping, and included in your next bill. **Please do NOT include a check with this form.** The change fee will be waived for employer funded students.

All charges and credits will be pro-rated on a monthly basis (if you add or drop services during the month you will be charged for the full month) and will be billed based upon the payment plan selection made in your enrollment contract.

PARENT/GUARDIAN FULL NAME (Print)

SIGNATURE

Date