



USAGE CHANGE / WITHDRAWAL FORM

Student's Name: _____ Group: _____

ADD - Please ADD the following dates:

Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____

CANCEL - Please CANCEL the following dates:

Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____

Change in Billing Plan?		
Yes	No	
Month of _____		
Previous rate _____		
Change to _____		
Available Rates:		
Monthly	Daily	Hourly

WITHDRAWAL - Last day of attendance will be: _____

OFFICE USE ONLY
Was the two week notice met? Yes No
Received by _____
Date received _____

I understand that I will be billed for all dates and times I have scheduled a space for my child. A TWO WEEK NOTICE IS REQUIRED FOR **ALL** CANCELLATION AND WITHDRAWALS.

Authorized Signature Date



USAGE CHANGE / WITHDRAWAL FORM

Student's Name: _____ Group: _____

ADD - Please ADD the following dates:

Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____

CANCEL - Please CANCEL the following dates:

Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____
Date: _____ Time: _____

Change in Billing Plan?		
Yes	No	
Month of _____		
Previous rate _____		
Change to _____		
Available Rates:		
Monthly	Daily	Hourly

WITHDRAWAL - Last day of attendance will be: _____

OFFICE USE ONLY
Was the two week notice met? Yes No
Received by _____
Date received _____

I understand that I will be billed for all dates and times I have scheduled a space for my child. A TWO WEEK NOTICE IS REQUIRED FOR **ALL** CANCELLATION AND WITHDRAWALS.

Authorized Signature Date