



# 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: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
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



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Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

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