

USAGE CHANGE / WITHDRAWAL FORM

Student's Name		Group:	
ADD - Please ADD the followi	ng dates:		
Date:	Time:		Change in Billing Plan?
Date:	Time:		Yes No
Date:	Time:		Month of
Date:	Time:		<u> </u>
ANCEL - Please CANCEL the	e following date	es:	Previous rate
Date:	Time:		Change to
Date:	Time:		Available Rates:
Date:	Time:		Monthly Daily Hourly
Date:	Time: _		Monthly Daily Hourly
Vas the two week notice medeceived by		scheduled a space for my child. REQUIRED FOR ALL CANCELLA	
Date received	- 10 / 10 / 10	Authorized Signature	Date
DD - Please ADD the following		Group:	
Date:	Time:		Change in Billing Plan?
Date:	Time: _	 -	Yes No
Date:	Time: _		Month of
Date:			Previous rate
ANCEL - Please CANCEL the following dates:		Frevious rate	
Date:	Time:		
Date:	— :		Change to
Date:	Time:	x	Change to Available Rates:
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date:	Time: _		
	Time: _		Available Rates:
ITHDRAWAL - Last day of a DFFICE USE ONLY Vas the two week notice me	Time: Time: ttendance will ot? Yes No		Available Rates: Monthly Daily Hourly for all dates and times I have A TWO WEEK NOTICE IS
Date: ZITHDRAWAL - Last day of a DFFICE USE ONLY Vas the two week notice me Received by	Time: Time: ttendance will ot? Yes No	be: I understand that I will be billed f scheduled a space for my child.	Available Rates: Monthly Daily Hourly for all dates and times I have A TWO WEEK NOTICE IS