

PARENT COMMUNICATION FORM

PARENTS.....PLEASE USE THIS FORM FOR VACATION REQUESTS, PROGRAM SCHEDULE CHANGE REQUESTS, DROP NOTIFICATION, PERSONAL INFORMATION CHANGES, OPTIONAL PROGRAM CHANGES AND OTHER IMPORTANT INFORMATION.. FORM MUST BE DATED, SIGNED AND RETURNED TO OFFICE

CHILD'S NAME _____ DATE _____

VACATION REQUEST	
I WOULD LIKE TO REQUEST VACATION FOR THE WEEK O _____	
<small>(AFTER 3 MONTHS ENROLLMENT YOU ARE ALLOWED <u>1 WEEK VACATION</u> LEAVE PER SCHOOL YEAR 9/1-8/31)</small>	
CHILD'S NAME _____	PARENT SIGNATURE _____
REQUEST GRANTED _____	DENIED _____

PROGRAM SCHEDULE CHANGE REQUEST	
I WOULD LIKE TO REQUEST THE FOLLOWING PROGRAM CHANGE:	
DAYS _____	TIME _____
<small>(CHANGES WILL ONLY BE GRANTED DEPENDING ON AVAILABLE SPACES)</small>	
I wish this change to start on _____	
CHILD'S NAME _____	PARENT SIGNATURE _____
REQUEST GRANTED _____	DENIED _____

DROP NOTICE (2 WEEKS NOTICE REQUIRED)	
CHILD'S NAME _____	LAST DAY OF ENROLLMENT _____
<small>As per our admission agreement, you are responsible for payment of tuition through the two weeks after the drop notice is given.</small>	
REASON FOR LEAVING	

PARENT SIGNATURE _____	

Child's Name _____ Date _____

PERSONAL INFORMATION CHANGES

NEW PHONE #'S HOME _____ MOM'S WORK _____ DAD'S WORK _____
NEW ADDRESS _____ CITY _____ ZIP _____

ADDITIONS TO PICK UP AUTHORIZATION LIST _____

DELETE FROM PICK UP AUTHORIZATION LIST _____

PARENT SIGNATURE _____

OPTIONAL PROGRAM CHANGES

CHILD'S NAME _____

ENROLL IN _____ DISENROLL FROM _____

EFFECTIVE DATE _____

PARENT SIGNATURE _____

OTHER (PLEASE SPECIFY)

Parent Signature _____