



Request to Change or End Service

(To be refunded your deposit you **MUST** submit this request two weeks prior to end date)

Date of Request _____

Child(ren) Name (s) _____

I wish to change my child's care as follows:

From _____

To _____

My Child(ren)'s last day/change in schedule will be: _____

My tuition will be adjusted as follows:

From _____ To _____

My Security Deposit will also be adjusted (only when adding days):

From _____ To _____

If this change results in a credit to my account/return of security deposit and I have given at least two weeks notice, we will apply the credit/security deposit to the last week of service.

Parent Signature _____ Date _____