

UNION 38 OUT-OF-SCHOOL TIME PROGRAM SCHEDULE CHANGE FORM

Child's Name: _____ Grade: _____
 Parent/Guardian Name: _____
 Home Address: _____
 Telephone: _____
 Out-of-School Time Program child is attending: _____

SCHEDULE CHANGE REQUEST (please circle):					
Before School			After School		
Addition:	Monday	Tuesday	Wednesday	Thursday	Friday
Withdrawal:	Monday	Tuesday	Wednesday	Thursday	Friday

Date of request: _____

Date effective: _____

I understand that in accordance with OSTP policy, I will not be released from tuition obligations unless this form is submitted thirty (30) days prior to the implementation of said schedule change. If thirty days notice is not provided, I am responsible for payment of the tuition amount for my child's current recorded schedule of attendance. When submitting this form for addition of days, I understand I must include a check for the difference in tuition amount through the end of the current month. I understand the tuition adjustment will be reflected in the next billing cycle.

 Parent/Guardian Signature _____
 Date

 (Site Coordinator Use Only)

 Site Coordinator Signature _____
 Date

Student File Copy: _____
 Billing Coordinator Copy: _____