



# CHANGE IN PROGRAM REQUEST

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Type of change you are requesting:

**Tuition Change:**

- Change from Half Day to Full Day **Effective Date:** \_\_\_\_\_
- Change from Full Day to Half Day **Effective Date:** \_\_\_\_\_

**Pre-Paid Care Change:**

**Addition:**

- AM Care       PM Care       AM/PM Care      **Effective Date:** \_\_\_\_\_

**Deletion:**

- AM Care       PM Care       AM/PM Care      **Effective Date:** \_\_\_\_\_

- Withdrawal from Skinner Montessori:** **Effective Date:** \_\_\_\_\_

**\*Please Note:** Any changes made to Tuition and/or Care will only be made on a monthly basis and must be received by the office no later than the 15<sup>th</sup> of the previous month.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date