

For office use only

Date recv. \_\_\_\_\_  
Fee Adj. \_\_\_\_\_

## EXTENDED CARE & DROP-IN CARE CHANGE IN PROGRAM FORM



Sunny Hollow  
MONTESSORI

Name of Child \_\_\_\_\_ Date \_\_\_\_\_

Currently enrolled in: \_\_\_\_\_ 7:30 – 8:30 am      \_\_\_\_\_ 3:30 – 4:30 pm      \_\_\_\_\_ 4:30 – 5:30 pm

Requested change: **Add:** \_\_\_\_\_ 7:30 – 8:30 am      \_\_\_\_\_ 3:30 – 4:30 pm      \_\_\_\_\_ 4:30 – 5:30 pm

**Drop:** \_\_\_\_\_ 7:30 – 8:30 am      \_\_\_\_\_ 3:30 – 4:30 pm      \_\_\_\_\_ 4:30 – 5:30 pm

Please indicate the date change is effective: \_\_\_\_\_. All changes to Extended Care will go into effect the week following receipt of this form or at the date mutually agreed to by Business Manager and parent. In general, program fee adjustments for Extended Care changes will go into effect the following month.

Drop-In childcare used/needed on the following date/s: \_\_\_\_\_

Please check appropriate box regarding payment for drop-in care listed above (fee is \$6.00/hr. per child).

Fee has been included with this form and placed in payment box near office.

Please invoice for drop-in care.

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