



Harbor Child Care

Center: _____

I am requesting (please check):

- _____ SCHEDULE CHANGE
- _____ VACATION DATES
- _____ WITHDRAWAL DATE

TODAY'S DATE: _____

NAME OF CHILD (REN): _____

AND CLASS: _____

1. SCHEDULE CHANGE REQUESTED: _____

AS OF (DATE): _____

***** ALL schedule changes effective 30 days after submitting written request *****

2. VACATION DATE REQUESTED: _____

ARE YOU REQUESTING VACATION DATES FROM YOUR BILL? _____

ARE YOU TRAVELING ABROAD? _____

***** ALL vacation credits will appear on the following month's statement *****

3. WITHDRAWAL FROM PROGRAM EFFECTIVE AS OF: _____

(Last Day of Program)

***** Withdrawal requires 30 day written notice, per Parent Policy *****

***** You may be responsible for additional tuition charges/fees if such notice is not provided. *****

PARENT'S NAME: _____

SIGNATURE: _____

WORK NUMBER: _____

HOME NUMBER: _____

EMAIL ADDRESS: _____

FOR OFFICE USE ONLY:

Rec'd by: _____

Reviewed/Authorized: _____

Forwarded to: _____