

**ST. ELIZABETH EXTENDED CARE
PROGRAM USE CHANGE**



Date _____

CHILD(REN)'S NAME(S) _____

--- SCHEDULE OR CHANGE EXISTING SCHEDULE ---

Please change, or schedule my child(ren) to the days and times indicated.

After school weekdays

Pick up time

Morning weekdays

Please be aware that the fee for each schedule change is \$15. For billing ease, we appreciate these changes be made effective on the 1st or 15th of the month.

This new change is effective beginning (date) _____

PARENT/GUARDIAN SIGNATURE

--- WITHDRAWALS ---

Please withdraw my child(ren) from scheduled use at this time.

Please be aware that there is no charge for withdrawal, but you will be charged \$15 later if you wish to reschedule. It is appreciated if withdrawals become effective on the 1st or 15th of the month for billing ease.

Families who withdraw from "scheduled" use may still use our program on an "as needed" basis.

This withdrawal is effective beginning (date) _____

PARENT/GUARDIAN SIGNATURE