



LITTLE TREASURES LEARNING CENTER



ENROLLMENT CHANGE FORM

I, _____ would like to change my child's schedule, who is currently attending the Center _____ (days per week) to _____ (days) on _____ (first day requesting new schedule).

Child's Name

Classroom

Parent Signature

Date

Reason for change/comment: _____

Dear Parents,

This form must be completed and returned to the Director at least 30-days prior to your child's requested enrollment change date. Parents are obligated to continue paying fees to meet this requirement regardless of child's attendance. Adjustments or pro-rated tuitions are not applicable for illness, vacations, and closings due to holidays or inclement weather. All fees, once paid are non-refundable. Once you have paid your child's tuition for the month, you are committed for the entire month. There is no exception to this policy. If reducing or changing days in your child's class schedule, once completed this space becomes available for open enrollment.

We will do our best in meeting your request!

Sincerely,

Christine C. Glennon, Director

Received By

Date Received