# Little Stars CHILDCARE

# CHANGE OPTION/ WITHDRAWAL REQUEST

# heparks
*making life fun*

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Child's Name _____

Parent's Name _____

Home Phone # _____ Cell Phone # _____

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**Please circle your request.**

WITHDRAWAL                    SWITCH OPTION PLANS

**Today's Date: _____**           **Effective Date *: _____**

**\* 2 weeks notice must be given.**

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**Withdrawal Request:**

Reason for Withdrawal _____

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**Switch Option Plans**

Current Option Plan _____ Option Fee _____

New Option Plan _____ Option Fee _____

Please circle the days your child will be attending:    M    T    W    Th    F

I authorize my weekly EFT payments to be changed accordingly to the new plan fee.

_____              _____
Parent Signature                                          Date

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Parent Signature _____ Date _____

Staff & Registrar Signature _____

Stored: Change-Withdraw Request