

E.C.E. Part-Time

Month: _____ **Child's Name:** _____ **Teacher:** _____

DO NOT COMPLETE THIS FORM FOR CHANGES IN THE **NUMBER** OF DAYS YOUR CHILD ATTENDS. THOSE CHANGES ARE MADE THROUGH THE FINANCIAL OFFICE ONLY AND MUST BE COMPLETED **BY THE 20TH OF THE MONTH PRIOR**. An administrative change fee of \$15.00 will be assessed on changes requested after the 20th of the month prior.

*Reminder: Your tuition pays for the **number** of days in one month that your child can attend. Regardless of how the month falls your child can only attend the number of days your tuition has paid for in one month.

This form is for changes in **calendar days that your child will attend and must be turned in **by the 15^h of the month prior**. If we do not receive your completed calendar by this date we will assume you want to keep the same dates as the month prior.

PLEASE FILL IN CALENDAR DATES YOUR CHILD WILL ATTEND.

Parent Signature: _____ **Date:** _____

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