



## Change of Contract Form

☒ Check Clubhouse Site

	Greene-Hills		Hubbell		Ivy Drive		Lake Garda
	Mt. View		South Side		Stafford		West Bristol
	West St. (Vacation/Snow Days)						

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

☐ Contract Change: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Re-Entry Fee: \_\_\_\_\_

☐ **Late Pickup Fee** Date of Late Pick Up: \_\_\_\_\_ Minutes Late: \_\_\_\_\_ \$1.00 x \_\_\_\_\_

☐ Account Adjustment (please specify): \_\_\_\_\_

☐ **Withdrawal** Date Effective: \_\_\_\_\_

☐ Reason for Withdrawal (Please check all that apply) ☐ Quality of Service ☐ Cost of Service ☐ Change of School

☐ Other (please specify): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clubhouse Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered by: \_\_\_\_\_