



Preschool Program Enrollment Change Request Form

Give this completed form to the Preschool Director (Brennan Buth), or to the school office. You will be notified if your request has been approved. **There are no mid-month enrollment program changes. If your request is approved by the 20th of the month, the change & any resulting financial changes become effective on the 1st on the next month.**

_____ / _____ / _____
(Student's Name) (Age) (Teacher)

Current preschool program enrollment

___ Full Day ___ ¾ Day ___ Half Day(check one)

Days per week (current enrollment)

___ MON ___ Tues ___ WED ___ Thurs ___ FRID

Requested preschool program enrollment

___ Full Day ___ ¾ Day ___ Half Day (check one)

Days per week (requested enrollment change)

___ MON ___ Tues ___ WED ___ Thurs ___ FRID

When do you want the change to become effective? (Start)_____ (month & date)

Notification of Withdrawing from Preschool Enrollment and Attendance

Last day of Preschool Attendance: _____ (month & date)

 Name of parent or guardian submitting this request/ _____ (DATE Submitted)

 Parent or guardian contact info - cell number or email address

_____/_____ Approved ___ Yes ___ NO
(Preschool Director) / (Date)

_____/_____ **FACTS Changes submitted** ___ Yes ___ NO
(Financial Assistant) / (Date)

_____/_____ **Spreadsheet Changes entered** ___ Yes ___ NO
(School Office Manager) / (Date) ___ file this change request in the student's folder
 ___ Notify the parent or guardian that this change request has been APPROVED or DISAPPROVED