BEFORE & AFTER SCHOOL PROGRAM 2018-2019 Program Change Form

School Name:

*ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CHANGE TO BE PROCESSED Please refer to the 2018-2019 Before & After School Parent Handbook for registration policies. Form must be completed and submitted to Program Director at least 2 weeks prior to effective date.

Participant Informat	ion				
Primary Parent Guardi	an:				
	First		Last		
Child/Participant:	First		Last		Date of Birth://
	FIISC		Last		
Child/Participant:					Date of Birth://
	First		Last		
Current Program Info	ormation				
Program (circle one):	Before Care: FT	PT	After Care: FT	PT	Camp: Winter, Spring Break and Summe
Program Change					
Program (circle one):	Before Care: FT	PT	After Care: FT	PT	Camp: Winter, Spring Break and Summe
Reason for Request					
Effective Date:					
Parent/Guardian Si	gnature:				Date:
					Office Use Only:
				Rece	eived by:
				Date	·
					Entered in E7Care