



Notice of Change in Enrollment

Child/children's name: _____

School: _____

I would like for the following changes to be made to my child/children's enrollment.

- Add AM care
- Drop AM care
- Add PM care
- Drop PM care
- Withdraw my child

Effective date: _____

**PLEASE NOTE:
CANCELLATION OR CHANGES IN THE PROGRAM REQUIRE A TWO WEEK WRITTEN NOTICE TO THE SAS
ADMINISTRATIVE OFFICES AND WILL BE EFFECTIVE ON THE FIRST OR 15TH OF THE MONTH.**

Parent signature: _____ Date: _____