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: ________________________