

Brevard Public Schools
School Age Child Care Programs
PROGRAM CHANGE FORM
REQUEST FOR CHANGE OR EXCEPTION TO
ENROLLED WEEKLY PROGRAM

Please submit this request to a staff member

NOTE: Request for Fee Adjustment must be made within three (3) school days from the first day the child's schedule changes.

Date: _____

Name of Child: _____

The procedures for School Age Child Care allow each child to have a program change OR an exception to their enrolled program once each semester. Please be advised that a registration fee of \$25.00 will be charged to your account for any additional changes or exceptions to your enrolled weekly program during this semester.

Currently Registered Program: (Circle One)

AM Only PM Only AM/PM (Full Time)
Daily Drop-In (1-2 days/wk) Other-Identify _____

I am requesting that fees be adjusted to: (Circle One)

AM Only PM Only AM/PM (Full Time)
Daily Drop-In (1-2 days/wk) Other-Identify _____

_____ Permanently

_____ Temporarily - for the following week (s) : _____

(Week(s) of Exception: First Date-Last Date

Weeks must be consecutive and may not exceed three weeks)

Parent Signature

For Office Use Only:

_____ Request Approved (First time/semester)

_____ Request not submitted by parent; above adjustment implemented by staff

_____ First time/semester already used-Change made/Add'l Registration fee assessed

Staff Signature/Date