

Adventure Club Schedule Change Form



Please complete and return in person to the **Adventure Club Office (222 W. Cedar Ave, Webster Groves, MO 63119)**

Child's Name: _____ Today's Date: _____

Elementary School and Grade: _____ Parent/Guardian's Name: _____

Parent's Email Address: _____ Parent's Signature: _____

Submit Notice	<u>*All schedule changes require at least a two weeks' notice and please note that all tuition/monies paid are non-refundable.</u>
	Further information may be found in the Adventure Club Handbook – Online

Requested Start Date For Changes To Weekly Schedule*: _____

New Desired Weekly Schedule:

3 Days Per Week AM _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
3 Days Per Week PM _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
4 Days per Week AM _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
4 Days Per Week PM _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
5 Days Per Week AM _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
5 Days Per Week PM _____	Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____

Optional: Reason For Change Request: _____

For Office Use Only

Office Use

Change Form Received by: FAX____ E-mail____ AFC____ Date Received and Initials: _____

Approval of Adventure Club Coordinator: _____ Date: _____

Date Change is Effective: _____ Date of Parent/Guardian Email Notification: _____

Date of Bookkeeper Email Notification: _____ EZCare Updated (Date & Initials): _____

Fee Charged: \$ _____