



Play and Learn
 Your 1st Choice for Quality Child Care
 at Annapolis, Community Place, Hunt Valley,
 Odenton, and Scribbles



PROGRAM CHANGE FORM

NOTE: As stated on the registration contract, changes in enrollment, including withdrawals, must be received **IN WRITING** 2 (two) weeks **prior** to the date when the change will take effect in order for a new tuition rate to be offered. Failure to notify Play and Learn of your child's withdrawal by the appropriate deadline will result in forfeiture of your deposit money. Requests to change your child's enrollment to drop-in for Winter Break or Spring Break will not be honored.

Center: _____

Child's Name: _____

My child's **CURRENT** enrollment is:

Infants through Kindergarten

___ Full-time care (4 or 5 days per week)

___ Part-time care M T W R F
 (Please circle current days.)

___ Drop-in care

School-Age (Community Place & Odenton Only)

___ BS M T W R F (Please circle current days.)

___ AS M T W R F (Please circle current days.)

___ BS & AS M T W R F (Please circle current days.)

___ Drop-in care

My Child's Current Classroom is: _____

My child's **NEW** enrollment will be:

Infants through Kindergarten

___ Full-time care (4 or 5 days per week)

___ Part-time care M T W R F
 (Please circle days needed.)

___ Drop-in care*

* A credit card is required to be on file for drop-in care.

School-Age (Community Place & Odenton Only)

___ BS M T W R F (Please circle days needed.)

___ AS M T W R F (Please circle days needed.)

___ BS & AS M T W R F (Please circle days needed.)

___ Drop-in care*

* A credit card is required to be on file for drop-in care.

This request will take effect with the week beginning MONDAY, ____ / ____ / ____.
 (Month) (Day) (Year)

TO BE COMPLETED BY DIRECTOR

Your Child's New Weekly Tuition Rate will be: \$ ____ . ____ No Change (Please check only one.)

Your Child's New Classroom will be: _____ No Change (Please check only one.)

My child is **WITHDRAWING**.

Reason: _____

My child's last day will be Mon Tues Wed Thurs Fri, ____ / ____ / ____.

(No adjustments in weekly tuition will be made for a child's last week of attendance.)

By signing below, I understand, accept, and agree that any change in my child's enrollment may result in a change in my weekly tuition rate and that I am financially responsible for payment.

I further understand, accept, and agree that if I currently have a credit card on file that my new weekly tuition rate and/or drop-in fees, etc. will be charged accordingly.

 Parent/Guardian Signature (seal) _____ Print _____ Date: ____ / ____ / ____

 Director/AR/Administrative Signature _____ Print _____ Date: ____ / ____ / ____