

## Change of Status Form

| Parent(s)/Guardian(s) Nar  | ne:   |  |
|--|---|--|
| Child(ren) attending progr   | am:   |  |
| 1)   |   |  |
| 2)   |   |  |
| 3)   |   |  |
| 4)   |   |  |
| School your child(ren) atte  | end:  |  |
| The child(ren) listed above • Full-time A.M. & P.N • Full-time A.M. only • Full-time P.M. only   |   | as:  |
| <ul> <li>I would like to *CHANGE of Full-time A.M. &amp; P.N.</li> <li>Full-time A.M. only</li> <li>Full-time P.M. only</li> <li>Withdrawal from Property</li> </ul> | M.  |  |
| Parent Signature   | <br>Date  |  |
| license capacity and may requi   | ire being placed on a wait list                             | changes will be granted due to our t until a spot becomes available. nto effect before billing changes |
|  | ion program must give a two<br>ge Form. Parents are obligat | o-week written notice of withdrawal ed to continue payment of any                                      |
| Received by (Staff Member on   | ly):  | Date Received  |
| GKC Office Use: Last Day:  | Disabled Tuition Date:                                      | Withdraw Account:  |