

**Baker School Extended Day
Enrollment Change Request Form***

Child's Name- _____

I/we would like to change the days my/our child attends the extended day program from: (Circle days)

M Tu W Th F to M Tu W Th F

This change is to go into effect on- ____/____/____.

This change:

- ADDS to the original # of contracted days.**
- REDUCES the original # of contracted days.****
- DOES NOT AFFECT the original # of contracted days.**

Parent/Guardian Signature

Date

***Request is only for a permanent change in days.**
**** Any REDUCTION in originally contracted days requested during the first or second semester will not change the tuition obligation of the original enrollment agreement.**

THIS FORM MUST BE SUBMITTED TO THE PROGRAM DIRECTOR AT LEAST 24 HOURS BEFORE THE REQUEST IS TO TAKE EFFECT.