






Change of Enrollment Form

Schedules, Absence, Withdrawal

Child's Name _____

Schedule Change _____ Set to Rotator _____ Rotator to Set  From _____ # of days to _____ # of days

Current Contracted days: M T W TH F  ½ Full Ext.  Time _____


Change to: M T W TH F  ½ Full Ext.  Time _____

Effective Date: _____ (Signature required at bottom of page)

All changes to child's contracted enrollment will depend upon availability in the program.

Absence Notification

My child will be absent for the following reason:

____ Vacation ____ FMLA ____ Medical ____ Personal Reasons  Please see Parent Handbook for policies regarding absences.

My child will not attend KKC on these days: _____

My child will return to KKC on this day _____

Policy: There is no credit given for days a child does not attend Kaweah Kids Center. (Signature required at bottom of page)

Withdraw from Enrollment

I am withdrawing my child from the Kaweah Kids Center program. My child's last day will be _____

Reason: _____ Comment: _____

I wish to leave my child as a Drop In enrollment

Policy: A two week notice of withdrawal is required. Accounts will be charged for these days. (Signature required below)

I am requesting this change to my child's enrollment contracted days and times. These changes will be made to my contracted tuition fees with Kaweah Kids Center.

Parent Signature _____ Date _____

Management Approval: _____ Date _____

Comments: _____

Please return to KKC office; in person * email: kkcmainoffice@kaweahhealth.org * fax: 559-635-6234

K:>OFFICE>officeforms>Change of Enrollment Status Form