

**Request for Change of Enrollment Status**

Name of Child: \_\_\_\_\_

Classroom: \_\_\_\_\_

Days Currently Enrolled: \_\_\_\_\_

Days to Add: \_\_\_\_\_ Days to Remove: \_\_\_\_\_

Requested Start Date: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

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Parent Signature

Date

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Executive Director

Date