



Change of Schedule Request

Changes in your child's schedule will be made 5 **working days** after receipt of this form. A \$5.00 service fee will be charged for each schedule change. **This schedule change will not be processed without a \$5.00 payment attached (cash, check or credit card).** By signing below, you are authorizing the Woodridge Park District to change your monthly payment. Confirmation of changes with the effective date and new payment schedule will be sent via email. Limit of 4 changes per school year.

Child's Name _____

School _____ Home Phone _____

Email Address to send confirmation _____

Days your child is currently attending (please circle):

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

Proposed new schedule you want your child to attend (please circle)

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ RELATIONSHIP TO CHILD _____ DATE _____

This section must be filled out if you are using:

VISA MASTERCARD

ACCOUNT # _____

Cardholder Name _____

Exp. Date _____ Amount of Charge _____

"I authorize the Woodridge Park District to charge my VISA/MASTERCARD for program registration fees."

AUTHORIZED SIGNATURE
X _____



For Office Use Only

Effective date of change _____

New tuition amount _____ Confirmation of Change sent _____

Roster change completed _____ Adjustments Approved by _____