

CHANGE OF SCHEDULE REQUEST

Changes in your child's Kidz Squad schedule will start on the 1st of the month, and are due by the 20th of the preceding month. No changes, withdraws or cancellations will be accepted after April 19th, 2024. Scheduling change fee must be paid when submitting this form (cash, check or credit card).

WHICH DESCRIBES YOUR CHILD'S SCHEDULE CHANGE (PLEASE CHECK)

CHANGE OF SCHEDULE TYPE	SCHEDULE CHANGE FEE
<input type="checkbox"/> Adding days to the current schedule	\$5.00
<input type="checkbox"/> Same amount of days/week, just changing the days of the week	\$5.00
<input type="checkbox"/> Reducing the amount of days/week (cannot be less than 2 days/week)	\$25.00
<input type="checkbox"/> Withdrawing from Kidz Squad completely	\$25.00

Please note: All the fees are per child

CHILD'S FULL NAME	NAME OF SCHOOL
EMAIL ADDRESS TO SEND CONFIRMATION	HOME PHONE

DAYS YOUR CHILD IS CURRENTLY ATTENDING (PLEASE CHECK)

AM	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
PM	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY

PROPOSED NEW SCHEDULE YOU WANT YOUR CHILD TO ATTEND (PLEASE CHECK)

AM	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
PM	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY

PROPOSED NEW SCHEDULE START DATE:

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.

SIGNATURE OF PARENT/LEGAL GUARDIAN	RELATIONSHIP TO CHILD	DATE
<input type="checkbox"/> Please check this box to authorize the continuation of my automatic payment plan agreement.		

SUPERVISOR APPROVAL	APPROVED START DATE	TODAYS DATE
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This section must be filled out if you are using:

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Cardholder Name _____

Exp. Date _____ CVV _____ Amount of Charge _____

"I authorize the Woodridge Park District to charge my CREDIT CARD for program registration fees."

AUTHORIZED SIGNATURE

X _____



ACCOUNT # _____

FOR OFFICE USE ONLY: Cut at dashed line and destroy (shred) immediately after entering account number into registration system.