



Web site www.abccareinc.com
Email abccare@abccareinc.com

Schedule Change Form

Child/ren's Name: _____
Parent's Name: _____
School/Center: _____

TYPE OF CHANGE

Withdraw from the program

Please complete the Exit Survey with your child on the back of this form.

Change in days of attendance

Current Enrollment Status:	Before & After	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days
	Before Only	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days
	After Only	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days
	Drop In	<input type="checkbox"/>	Flex	<input type="checkbox"/>	

Please indicate changes below

Note: A schedule change fee will be charged for each schedule change (see pg 18 of the Parent Handbook)

Change to Drop-in status only

Change to Flex status only

Change in days of attendance (Regular Tuition)

Indicate schedule and days to attend:

Before & After	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days	
Before Only	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days	
After Only	<input type="checkbox"/> 5 Days	<input type="checkbox"/> 4 Days	<input type="checkbox"/> 3 Days	<input type="checkbox"/> 2 Days	
Day (s) attending	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F

Effective Date: _____ **(One month written notice required – see pg 19 of the Parent Handbook)**

Parent Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____

Parent Comments:



Exit Survey

Name: _____ Grade: _____

How long have you attended ABC Care? _____
How often did you attend the program? _____

When I attended ABC Care (check all that apply)

- I felt comfortable with the kids.
- I met new kids who were nice.
- The staff seemed glad to see me.
- The staff was fair.
- The rules were reasonable.
- I had help with homework when I needed it.
- I had lots of choices and could do the things I wanted to do.
- The activities were fun; I enjoyed them.

I stopped attending ABC Care because (check all that apply)

- My parent's work schedule changed.
- I left to do other things (sports, classes, clubs, etc.)
- I had other responsibilities at home (like baby-sitting my brother/sister).
- I really wanted to go home and hang out instead.
- My friends didn't attend.
- I didn't like the staff.
- I didn't get the help I needed with _____.
- I didn't like the activities we had to choose from.
- I didn't like being with younger kids.
- Other: _____.

Please finish these sentences:

When I first started coming to ABC Care, I _____

I thought the program would be _____

What I really liked about ABC Care was _____

Now that I'm done, I think you should _____

I'd come back if you would _____
