



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

Schedule Change Form

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

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 19 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 _____