



Contract Change/Termination Form

Child's Name: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

\_\_\_\_\_ Contract Termination

\_\_\_\_\_ Change in Contracted Days

\_\_\_\_\_ Move to Drop-Off Status

Day(s) Reduced

New Contracted Days

\_\_\_ Monday

\_\_\_ Monday

\_\_\_ Tuesday

\_\_\_ Tuesday

\_\_\_ Wednesday

\_\_\_ Wednesday

\_\_\_ Thursday

\_\_\_ Thursday

\_\_\_ Friday

\_\_\_ Friday

TWO WEEK NOTICE IS REQUIRED TO TERMINATE OR REDUCE CONTRACTED DAYS.

\_\_\_\_\_ Increase Contracted Days

Day(s) Increased

New Contracted Days

\_\_\_ Monday

\_\_\_ Monday

\_\_\_ Tuesday

\_\_\_ Tuesday

\_\_\_ Wednesday

\_\_\_ Wednesday

\_\_\_ Thursday

\_\_\_ Thursday

\_\_\_ Friday

\_\_\_ Friday

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Director Signature