



F.M. KIRBY CHILDREN'S CENTER

CHANGE OF SERVICE FORM

****Please note: Two weeks notice is required for all reduction in days and withdrawals. Therefore, billing changes/termination of fees will take effect two weeks from date of notice.**

Today's Date: _____

Child's Name: _____

Current Classroom: _____

Days Currently Enrolled: _____

New desired schedule:

Date for Change: _____

Monday Tuesday Wednesday

Thursday Friday Times _____

Other notes _____

Withdrawal from Kirby:

Withdrawal Date: _____

Reason for withdrawal: _____

Parent Signature: _____

Office Use only

Received by:

Entered in CoS