WITHDRAWAL AND CHANGE OF ENROLLMENT

- Complete the information below by hand or computer
- Must be submitted two weeks in advance to effective date or a $25 fee will be added
- Return to SCP office

Student Name _____ Today's Date _____

Parent/Guardian Name(s) _____

Email(s) _____

Phone Number(s) _____ Effective Date _____

Please **WITHDRAW** my child from

Class _____

Before School Care	____Monday	____Tuesday	____Wednesday	____Thursday	____Friday
Enrichment	____Monday	____Tuesday	____Wednesday	____Thursday	____Friday
After School Flex	____Monday	____Tuesday	____Wednesday	____Thursday	____Friday

Please **ADD / ENROLL** my child in

Class _____

Enrichment	____Monday	____Tuesday	____Wednesday	____Thursday	____Friday
Before School Care	____Monday	____Tuesday	____Wednesday	____Thursday	____Friday
After School Flex	____Monday	____Tuesday	____Wednesday	____Thursday	____Friday

REFUND OF TUITION POLICY: If necessary, a prorated refund will be issued on any pre-paid tuition if at least a two weeks advance *Withdrawal and Change of Enrollment* notice is given.

Submitting this form does not necessarily guarantee program enrollment. SCP Staff will contact you with the enrollment decision and any necessary tuition payment and/or fee information.

FOR OFFICE USE ONLY Approved Changes _____ ☐$25 Fee ☐No Fee

_____SCP Director Notes _____

_____SCP Accounts Coordinator _____

Date Email Sent: _____ _____

Refund Amount: _____ _____

Date Refund Completed: _____ _____

253.564.2522

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