

Program Director
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CCPCS USE ONLY
T.E. _____
Class Roster _____
Daily Roster _____

Change of Days/Withdrawal Form

Full and legible completion is required, the form may be returned to the Front Desk on the 1st floor or emailed to ahassan@ccpcs.org

Notification of withdrawal/change of days must be submitted by the 10th of the month. All changes will become effective on the 1st of the following month. No refunds will be given due to students early withdrawal from school, late notification of withdrawal, late notification of change of enrollment, or other unpredictable cause. No changes will be made effective without the completion of this form as proper notification.

Section 1 - Student/Account Information

Student Last Name	Student First Name	Classroom Teacher	Current Grade
Are you enrolled in automatic payments with T.E.? Yes No	My child is enrolled in? Before Care After Care Both	Email Address	

Section 2 - Students Current After Care Schedule

Full Time	Wed Only 1:30-6	Please check the days your child currently attends:				
		Mon	Tue	Wed	Thu	Fri

Section 3 - Change of Days Notice

I would like to change the after care days of attendance for my child to:						
Full Time	Full Time Assisted Rate	Part Time days: (Note Wednesday is not an option for 2 or 3 day enrollment)			Wednesday only 1:30-6pm	
		Mon	Tue	Wed	Thu	Fri
Full Time \$270 (per month)	Full Time Assited Rate \$100 (per month)	4 days per week \$216 (per month)	3 days per week \$173 (per month)	2 days per week \$137 (per month)	Wednesday Only \$94 (per month)	

Section 4 - Withdrawal Notice

I would like to withdraw my child from: Before Care After Care Both
Reason for Withdrawal:

Parent/Guardian Signature

Date

Print Name