

Child Action Form

Center: ☐ Bonita Springs ☐ Fort Myers

Child's Name: Last:		First:		MI:	DOB:	
Current Status: Full T	ime 🗌 PT 3 Da	ay 🗆 I	PT 2 Day			
Parent's Phone: (Mom)			(Dad)			
Address Change:						
New Address:			(City, State, Zip	o)		
Status Change Request:						
Start Date:	Status Change:	from	Full Time	PT 3 Day	PT 2 Day	
		То	Full Time	PT 3 Day	PT 2 Day	
Billing Change Request:						
Start Date:	Billing Change:	from	Monthly	Weekly		
		То	Monthly	Weekly		
Vacation Week Request: M	UST meet 6-mont	h attenda	ince requirement a	nd account must	have zero halance in orde	ır.
-			o-week notice is re		. Have zero balance in orde	•
Week of:			Approved By:			
Notes:						
Withdrawal from Center: A	two-week written	notice is	required. Please at	ttach Withdrawa	Il Form to back.	
Student's last day:			Tuition to be cl	harged through:		
Parent Signature:				Date:		
Admin Approval:			1	Date:		
OFFICE USE ONLY: (Check off	item when comple	eted)				
Address Updated: Add	to Tracking:	FTE Up	dated: Billir	ng Updated:	Vacation Posted:	_
Staff Member completing char				D-		



STUDENT WITHDRAWL FORM

Please fill out at least 2 weeks prior to last day

e.Full time or MWF)			
e.Full time or MWF)			
<u>any that apply)</u>			
ircumstances			
r need childcare			
☐ Trying another school			
't ready yet			
☐ Office Staff/Director			

We loved having you here at Growing Room and will always be here if you need us in the future.