

Rockwood Adventure Club CHANGE and/or DROP Form

PLEASE COMPLETE AND RETURN IN PERSON TO YOUR ADVENTURE CLUB SITE **OR** THE ADVENTURE CLUB OFFICE IN FENTON BY FAX TO 636-861-7775, OR BY SCAN/E-MAIL TO adventureclub@rockwood.k12.mo.us

Student Name(s): _____ **Today's Date:** _____

Parent's Printed Name: _____ **Site:** _____

Billing Responsible Parent's Signature: _____ **Date:** _____

CHANGE OF SCHEDULE (includes changing days, number of days in schedule, or adding a session):

Please submit this form two weeks prior to any adjustment in your child's school year or summer schedule. You are allowed one change in each program without a Family Change Fee. Each additional change incurs a \$25.00 Family Change Fee. Please contact the Vandover Billing Office one week from submission of your Change Form for any questions about your adjusted payment.

<input type="checkbox"/> CHANGE OF SCHEDULE	Effective Date of Change: _____
Change Requested: _____	

DROP OF ENTIRE PROGRAM or ENTIRE SESSION FOR AM, PM, OR KINDERGARTEN :

A child may be withdrawn from the Adventure Club program **OR** an entire session may be dropped at any time with a **written two week notice. Tuition fees will be charged through the last day of the required two week period.** If you wish to return to a session, you will need to contact the Adventure Club Office at the Vandover Campus.

<input type="checkbox"/> DROP Entire Program	Last Date of Attendance: _____
<input type="checkbox"/> DROP Entire AM Session	Last Date of Attendance: _____
<input type="checkbox"/> DROP Entire PM Session	Last Date of Attendance: _____
<input type="checkbox"/> DROP Entire Kindergarten Session	Last Date of Attendance: _____
Reason for drop of program or session: _____	

SITE / OFFICE USE

Form Received 2 weeks prior to CHANGE: Yes____ No____ **OR** prior to DROP: Yes____ No____
Discussed the \$25.00 Family Change Fee with the Parent: Yes____ No____

Facilitator's/Assistant Facilitator's Signature: _____ Received on: _____

OFFICE USE ONLY

Date Recorded: _____ Initial: _____
Family Change Fee Waived: _____ Family Change Fee Charged: _____ If Drop—Last Date of Charges: _____
Change and/or Drop Received by: Fax____ E-mail____ At Site____ At Vandover Office____
Date Completed: Tuition Tab____ Schedule Tab____ Ledger____ Child Tab-Page 4 Schedule:_____
(Done in line with Attendance Week of Change)