

Contract Amendment Notice

This notice serves to indicate contract amendment for

Child's Name: _____

Please circle one of the following:

- A. I wish subtract days from my child's current schedule.
- B. I plan to withdraw my child from the program.

A. If subtracting days please circle the days you would like to attend:

Monday Tuesday Wednesday Thursday Friday

When you would you like this new schedule to go into effect?*

B. If withdrawing from the program please indicate the last day of attendance:*

Reason for Amendment (i.e. work schedule, moving, Kindergarten, etc.)

****Reminder***

Per LMACCC contract families are required to complete a written termination notice 60 days in advance.

Parent Signature: _____

Date: _____

Administration only:

Date received: _____

Administrator: _____