



**Galaxy Kids Program**  
**Rockford Elementary Arts Magnet School**  
**7650 Co Rd 50, Rockford, MN 55373**  
**763-477-7555**

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## 2016-17 SCHOOL YEAR CONTRACT CHANGE FORM

A completed Contract Change Form must be submitted **10 business days** before the change is to take effect. **Verbal/email notification is NOT sufficient.** A \$5 fee is charged to your account for each contract change submitted.

Child's Name: \_\_\_\_\_ Date Effective: \_\_\_\_\_

<i>Select One</i>	My child will be changing from the Drop-In option to the Calendar option (Please submit a Calendar Form along with your Contract Change Form).
	My child will be changing from the Calendar option to the Drop-In option. If I need care for my child, I will contact Galaxy Kids staff and fill out a Drop-In Form.
	My child is withdrawing from the program. The last day of care will be _____.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b>Office Use Only</b></p> Date in: _____ Staff initial: _____
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