



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

2017-18 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 align="center">Office Use Only</p> <p>Date in: _____</p> <p>Staff initial: _____</p>
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