24007 Franz Road
Katy, Texas 77493
281-347-5444 281-347-5447 (fax)

Tuition Change Request Form

Child's Name: _____ Date: _____

Suite #: _____

Change Request for:

☐ **Vacation** from ____/____/____ through ____/____/____ **(Must be received by 10:00 am on the Friday before the vacation week)**

☐ **Change of Schedule** FULL-TIME PART-TIME M T W Th F

Effective Date: ____/____/____ (**Must be received by 10:00 am on the Friday before your child's schedule changes and the change MUST be for 4 weeks or longer. If this request form is not turned in on time, you will be required to pay your regular weekly tuition as the changes will not go into effect until the next week**

☐ **Disenrollment** Effective Date: ____/____/____ **(Requires a 2-week notice. In the absence of a 2-week notice, one-week regular tuition must be paid)**

☐ **Suspension*** (Allowed May 31st to August 31st) Effective Date: ____/____/____ through ____/____/_____ **(Requires one week's tuition to hold the spot. $50 fee for any changes made thereafter to return date)**

* Suspension policy will go into effect on August 31st, 2020

_____ _____

Parent/Guardian Signature Date

Leadership team initials _____ Date Ver 4/7/2020