BEYOND THE BELL
CHANGE FORM

Select your program site:  □ Link    □ New City    □ Valley Cottage    □ JCC Rockland

Date ________________________________________________

Participant’s Name ______________________________________________________________
Family ID ___________________________ Home Phone ____________________________

□ TEMPORARY ATTENDANCE CHANGE ($35/change) for specified short term change.
Current # of Days Attending  □ 1 □ 2 □ 3 □ 4 □ 5
Current Days Attending  □ M □ T □ W □ Th □ F
Change to # of Days Attending   □ 1 □ 2 □ 3 □ 4 □ 5
Change Days Attending  □ M □ T □ W □ Th □ F

Effective Date (decrease in days will go in to effect next billing month) ________________________________
Date Ending (must be on the first of the month) ______________________________________________________

□ PERMANENT ATTENDANCE CHANGE ($35/change) for remainder of school year contract.
Current # of Days Attending  □ 1 □ 2 □ 3 □ 4 □ 5
Current Days Attending  □ M □ T □ W □ Th □ F
Change to # of Days Attending   □ 1 □ 2 □ 3 □ 4 □ 5
Change Days Attending  □ M □ T □ W □ Th □ F

Effective Date (decrease in days will go in to effect next billing month) ________________________________

□ CANCELLATION OF CONTRACT ($100) 30 days written notification required.
Cancellation Effective Date (can only occur on the first or last day of the month) __________________________

□ EXTRA DAY NOTICE ($35/day)
Date(s) Used ____________________________________________

□ LATE PICK UP NOTICE ($35 per child for every 15 minutes or part of after 6:30pm)
Date of late pick up _________________________________ Time of late pick up _______________________________
Fees Assessed __________________________________________
TOTAL FEES DUE
All fees will be processed within 5 business days of the office receiving this form.

Parent Signature & Date __________________________________________
Site Supervisor Signature & Date ______________________________________
Program Director Signature & Date. ______________________________________

OFFICE USE ONLY
Daxko processing ___________________ DateEntered _______________ Initials of staff entered ________