



**MORELAND SCHOOL DISTRICT**  
AUXILIARY PROGRAMS

# MORELAND CHILD DEVELOPMENT CENTER CHANGE OF SCHEDULE/WITHDRAWAL FORM

3750 Gleason Avenue, San Jose, CA 95130 • Phone: (408) 874-3745  
Fax: (408) 874-3753 • Website: www.moreland.org

\_\_\_\_\_  
Child's Last Name

\_\_\_\_\_  
Child's First Name

### CURRENT SCHEDULE

My child's current schedule is:

Preschool

Jr. Kindergarten

Please circle the days attending:

**M**

**T**

**W**

**TH**

**F**

### REQUESTED SCHEDULE CHANGE

My requested schedule is:

Effective Date of Change: \_\_\_\_\_

Preschool

Jr. Kindergarten

Please circle the days attending:

**M**

**T**

**W**

**TH**

**F**

### WITHDRAWAL

As of \_\_\_\_\_ my child will no longer be attending the Moreland Child Development Center.

Is this a permanent change?

Yes

No

Please explain reason for withdrawal: \_\_\_\_\_  
\_\_\_\_\_

I agree that a two week written notice must be given before any change or withdrawal is made and that a \$5 fee will be charged for each schedule change. I understand that my annual tuition will be recalculated and my remaining installment payments will be adjusted to reflect my requested schedule change. I also understand that I will only be granted my desired changes if space permits. Schedule changes will not be permitted after May 1st.

I am aware that if I choose to withdraw my child from the Moreland Child Development Center, my annual tuition will be recalculated into a weekly rate and I will be financially responsible for all the weeks my child has attended. My final payment will be due one week before the agreed withdrawal date. If I choose to return to the Moreland Child Development Center, I will pay a \$50 re-registration fee.

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date