



CS Youth Programs Change In Schedule Form

In order to receive a refund or credit, this form must be completed and turned in no later than the Monday prior to cancelled day/week.

Child's Full Name (First, Middle Initial, Last): _____ Grade: _____

Program(s):

- After School
- Before School
- Campus Connection
- School Holiday Special
- Spring Camp
- Summer Camp
- Winter Camp

Type of Change:

- Transfer Current Registration Day(s)/Week _____
 - To Another Day(s)/Week _____
- Cancellation Day(s)/Week _____

Applies to *After School/Before School/Campus Connection/Summer Camp ONLY:*

- Change Status from Full Time to Part Time
- Change Status from Part Time to Full Time

Note: Full Time = 4 to 5 days a week; Part Time = 1 to 3 days a week

Payment:

- ▶ If the change indicated on this form results in a balance due, **payment must be made with this form.** Payment can be made by cash, check, or credit card at the Civic Center, Fieldhouse or over the phone by calling **216-524-7373** (Civic Center) or **216-524-0088** (Fieldhouse).

Refunds/Credits:

A cancellation fee of \$10 per week, per child will be charged for all cancellations made after Friday, June 1st.

- ▶ If the change indicated on this form results in a refund, you may choose to have a refund check sent in the mail or a credit posted to your family account.

Type of Reimbursement Requested (check one): Refund Check Credit Posted to Family Account

Parent/Guardian Signature: _____ Date: _____

I understand that checking this box constitutes the above name as my legal electronic signature
*******STAFF USE ONLY*******

Date RCVD: _____ Staff: _____ Scanned to Youth Program Coordinator

Change Processed (Date): _____ Staff: _____ **ATTACH A COPY OF THE RECEIPT TO THIS FORM**

Director must approve any changes that involve a balance due, refund, or credit on account.

Director Approved Credit/Refund (Date): _____ Credit/Refund Processed (Date): _____ Staff: _____