![Agassiz Baldwin Community logo]

Enrollment Change Request

20 Sacramento Street   617-349-6287
Cambridge, MA 02138   www.agassiz.org

**The registration coordinator must approve your request before your enrollment change can take effect.
You will be notified by email when your request has been processed.**

Today's Date: _____   Child's Name: _____

Program (Circle One): **Preschool   Kindergarten Afterschool   1st – 5th Grade Afterschool**

Maud Morgan Arts   Kindergarten Outback   1st – 6th Grade Outback   Vacation Week

Enrollment Change (indicate week/days): _____

Date effective:_____

I understand the Enrollment Change Policies (see below) and understand I will be billed accordingly:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Enrollment Change Policies
- All changes in enrollment must be submitted by the 15th of the prior month.
- Changes must be approved and confirmed by Registration before they go into effect and will be subject to availability.
- A $15 change fee will be billed for all enrollment change requests.
- If you request a schedule change that decreases your enrollment and you submit your request after the 15th of the month, your billing will not be adjusted until the next month. (Example: If you change your schedule in January and you submit your request after December 15th, your billing will not be adjusted until February).
- If you request a schedule change that increases your schedule you will billed the difference in deposit (covers June tuition). If you submit your request by the 15th of the prior month, the $15 change fee will be waived.

Complete Tuition Policies available at agassiz.org

For Office Use Only:			
Date Received:	FM:	QB:	Approved/Wait List:
Parent notified: _____ (initial and date)			