

Enrollment Change Request

20 Sacramento Street 617-349-6287 x19
Cambridge, MA 02138 www.agassiz.org

Please submit to registration@agassiz.org

Your request must be approved by Registration 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: 1st-5th Afterschool

Kindergarten

Maud Morgan Arts

I am withdrawing my child from the program:

YES

NO

Starting on* (date)_____, I would like to make the following changes to my schedule:

**Please note the date you want your schedule to change, NOT the date your billing will change.*

ADD: M T W Th F

DROP: M T W Th F

Enrollment Change Policies - **PLEASE REVIEW BEFORE SUBMITTING**

Complete Tuition Policies available at agassiz.org

- Changes must be approved and confirmed by Registration before they go into effect and will be subject to availability.
- If you withdraw your child from a school year program or decrease the number of days, deposits and materials fees paid are non-refundable and non-transferable. Afterschool deposits can only be applied to June tuition.
- If you request a schedule change that decreases your child's 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 want to change your schedule for 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 child's enrollment, you will be billed the difference in deposit (covers June tuition).

I understand all policies listed above and that I will be billed accordingly.

Caregiver Signature: _____

For Office Use Only:

Date Received: _____

Approved Waitlist

Parent notified: _____