

# Montessori Country Day Enrollment Modification Request

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Requested Change (please check one):

**Enrollment Modification** (please be sure to indicate specific days)

**CHANGING FROM :**

- Five days** (Monday-Friday )
  - Early Morning Care (7:15-8:30)
  - Morning Program (8:30-12:30)
  - Full-Day Program (8:30-2:30)
  - Extended Day (2:30-5:30)

- Four Days** (\_\_\_/\_\_\_/\_\_\_/\_\_\_)
  - Early Morning Care (7:15-8:30)
  - Morning Program (8:30-12:30)
  - Full-Day Program (8:30-2:30)
  - Extended Day (2:30-5:30)

- Three Days** (\_\_\_/\_\_\_/\_\_\_)
  - Early Morning Care (7:15-8:30)
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  - Full-Day Program (8:30-2:30)
  - Extended Day (2:30-5:30)

- Two Days** (\_\_\_/\_\_\_)
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**Withdrawal from Program**

-Reason for withdrawal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MCD SIGNATURE

\_\_\_\_\_  
DATE

Effective Date: \_\_\_\_\_

Final Day of Attendance: \_\_\_\_\_

\*Please be advised that your request is not effective until this form is approved and signed by Montessori Country Day.