



The Work-Family Connection After School Enrichment Programs

For Kids

PO Box 1155 | Whitehouse Station, NJ 08889 | Phone (908) 534-5935 | Fax (908) 534-5985

NOTIFICATION OF CHANGE FORM

Any changes for the current or next school year must be received 30 days in advance to be credited/refunded. Summer Camp changes must be received before June 1st to be credited/refunded. Information changes that affect emergency situations, such as phone numbers, are immediate.

DATE: _____		PROGRAM/CAMP LOCATION: _____	
CHILD'S NAME: _____		PARENT'S NAME: _____	
<u>I AM CHANGING THE FOLLOWING INFORMATION: (circle all that apply)</u>			
CHILD'S SCHEDULE	MEDICAL INFORMATION	PARENT INFORMATION	
PICKUP INFORMATION	PAYMENT INFORMATION		
EFFECTIVE DATE FOR CHANGE: _____			

PLEASE MAKE ALL CHANGES IN THE APPROPRIATE CATEGORY

SCHOOL YEAR SCHEDULE INFORMATION IS CHANGING TO: (circle all that apply)

<u>BEFORE SCHOOL</u>	Monday	Tuesday	Wednesday	Thursday	Friday
<u>AFTER SCHOOL</u>	Monday	Tuesday	Wednesday	Thursday	Friday
PICKUP TIME (ONLY SELECT ONE)		4:00	5:00	6:00	6:30
<u>KINDERGARTEN WRAP</u>					
AM SESSION	Monday	Tuesday	Wednesday	Thursday	Friday
PM SESSION	Monday	Tuesday	Wednesday	Thursday	Friday
<u>WITHDRAWING OR CHANGING TO DROP-IN ONLY</u>					
REASON: _____					

SUMMER CAMP SCHEDULE INFORMATION IS CHANGING TO: (circle all that apply)

<u>ALL OTHER CAMPS (SEE MONTCLAIR BELOW):</u>						<u>CAMP TIMES</u>	
WEEK 1	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 2	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 3	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 4	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 5	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 6	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 7	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 8	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
WEEK 9	Monday	Tuesday	Wednesday	Thursday	Friday	7am-6pm	9am-4pm
<u>MONTCLAIR CAMP ONLY:</u>							
WEEK :	_____	CAMP:	_____	TIME:	_____		
WEEK :	_____	CAMP:	_____	TIME:	_____		
WEEK :	_____	CAMP:	_____	TIME:	_____		
REASON: _____							



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MEDICAL INFORMATION IS CHANGING TO:

INSURANCE POLICY NAME: _____	POLICY NUMBER: _____
PHYSICIAN'S NAME: _____	PHYSICIANS NUMBER: (____) _____
ALLERGY OR MEDICAL INFORMATION: _____	

PARENT INFORMATION IS CHANGING TO:

NAME: _____				
PHONE NUMBER: (____) _____	OF (PLEASE CIRCLE)	HOME	WORK	CELL
ADDRESS: _____				
EMPLOYER NAME: _____		POSITION: _____		
EMPLOYER ADDRESS: _____				

PICKUP INFORMATION IS CHANGING TO:

THIS INFORMATION IS FOR A: (PLEASE CIRCLE)	AUTHORIZED PICKUP	RESTRICTED PICKUP*	
STATUS OF AUTHORIZED PICKUP: (PLEASE CIRCLE)	ADD PICKUP	REMOVE PICKUP	UPDATE
1.) NAME: _____	RELATION TO CHILD: _____		
HOME PHONE NUMBER: (____) _____	CELL PHONE: (____) _____	WORK PHONE: (____) _____	
2.) NAME: _____	RELATION TO CHILD: _____		
HOME PHONE NUMBER: (____) _____	CELL PHONE: (____) _____	WORK PHONE: (____) _____	
<i>* IF RESTRICTED PICKUP INVOLVES A BIOLOGICAL PARENT, A COURT ORDER MUST BE PROVIDED BY MAIL OR FAX.</i>			

PAYMENT INFORMATION IS CHANGING TO:

PLEASE UPDATE OUR BILLING ADDRESS OR EMAIL : _____		
PLEASE SEND OUR MONTHLY INVOICES: (please circle)	EMAIL	HOME ADDRESS
WE WOULD LIKE TO SIGN UP FOR AUTOMATIC MONTHLY PAYMENTS:	YES	NO
<input type="checkbox"/> EZ EFT AUTHORIZATION FROM OUR DEBIT/CHECKING		
ROUTING NUMBER: _____	ACCOUNT NUMBER: _____	
<input type="checkbox"/> CREDIT CARD AUTHORIZATION		
CREDIT CARD NUMBER: _____	EXPIRATION DATE: _____	
BILLING NAME ON CREDIT CARD: _____		
BILLING ADDRESS OF CREDIT CARD: _____		

ADDITIONAL COMMENTS:

SIGNATURE OF PARENT/GUARDIAN

DATE

PLEASE MAIL TO WFC P.O. BOX 1155, WHITEHOUSE STATION, NJ 08889 OR FAX (908) 534-5985

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