



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: _____

I AM CHANGING THE FOLLOWING INFORMATION: (circle all that apply)

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
<u>PICKUP TIME (ONLY SELECT ONE)</u>		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

WITHDRAWING OR CHANGING TO DROP-IN ONLY

REASON: _____

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

<u>ALL OTHER CAMPS (SEE MONTCLAIR BELOW):</u>						<u>CHATHAM ONLY</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

MONTCLAIR CAMP ONLY:

WEEK 1 CAMP: _____ TIME: _____
WEEK 2 CAMP: _____ TIME: _____
WEEK 3 CAMP: _____ TIME: _____
WEEK 4 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: (____) _____

* IF RESTRICTED PICKUP INVOLVES A BIOLOGICAL PARENT, A COURT ORDER MUST BE PROVIDED BY MAIL OR FAX.

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
 EZ EFT AUTHORIZATION FROM OUR DEBIT/CHECKING
ROUTING NUMBER: _____ ACCOUNT NUMBER: _____
 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