



# 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 1<sup>st</sup> 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:** \_\_\_\_\_  
**REGISTRATION NUMBER:** \_\_\_\_\_

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

- CHILD'S SCHEDULE                      MEDICAL INFORMATION                      PARENT INFORMATION  
 PICKUP INFORMATION                      PAYMENT INFORMATION

**PLEASE MAKE ALL CHANGES IN THE APPROPRIATE CATEGORY:**  
**EFFECTIVE DATE FOR CHANGE:** \_\_\_\_\_

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

<b><u>BEFORE SCHOOL</u></b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b><u>AFTER SCHOOL</u></b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>PICKUP TIME (ONLY SELECT ONE)</b>		<b>4:00</b>	<b>5:00</b>	<b>6:00</b>	<b>6:30</b>
<b><u>KINDERGARTEN WRAP</u></b>					
<b>AM SESSION</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>PM SESSION</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b><u>DROP IN ONLY</u></b>	<b>BEFORE SCHOOL</b>	<b>AFTER SCHOOL</b>	<b>KINDERGARTEN WRAP</b>		
<b>REASON:</b>	_____				

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

**ALL OTHER CAMPS (SEE LEBANON TOWNSHIP BELOW)**

<b>WEEK 1</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 2</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 3</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 4</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 5</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 6</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 7</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 8</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>WEEK 9</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>LEBANON TOWNSHIP CAMP ONLY:</b>					
<b>WEEK 1</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>WEEK 2</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>WEEK 3</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>WEEK 4</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>WEEK 5</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>WEEK 6</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>WEEK 7</b>	<b>9:00-12:00</b>	<b>7:30-12:00</b>	<b>9:00-5:30</b>	<b>7:30-5:30</b>	
<b>REASON:</b>	_____				

**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 A PICKUP REMOVE A 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, THAN 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