



Chautauqua Program

Dr. Curtis Cain
Superintendent of Schools

Learning Today, Leading Tomorrow

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Chautauqua Program Change Form

Please submit this form to your facilitator two weeks prior to any adjustment in your child's school year schedule. If change is not submitted two weeks in advance your request cannot be guaranteed.

PLEASE COMPLETE AND RETURN TO THE CHAUTAUQUA STAFF. DO NOT BRING OR MAIL TO YOUR SCHOOL OFFICE.

Site: _____ Today's Date: _____

Parent's Name: _____
(Please Print)

1st Student Name: _____ Indicate Change Requested: <i>(Ex. Changing from Full time Aftercare to M, W, F aftercare). Please be specific.</i>	2nd Student Name: _____ Indicate Change Requested:	3rd Student Name: _____ Indicate Change Requested:
Date change is to become effective: _____	Date change is to become effective: _____	Date change is to become effective: _____

Billing Responsible Parent's Signature _____ Date: _____

TO: Chautauqua Office

FROM: Chautauqua Facilitator

Form received two weeks prior to the change: _____ YES _____ NO

Facilitator's Signature: _____ Date: _____

OFFICE ONLY
Date Recorded:

Initial: