

## SCHEDULE CHANGE REQUEST FORM

\*ONE FORM PER CHILD\*

Schedule Changes can not be guaranteed. Request for Schedule change must be submitted 10 business days prior to the week you wish the schedule change to take effect, if approved. A \$5.00 service fee will be charged for all schedule changes. This schedule change will not be processed without a \$5.00 payment attached. Acceptable forms of payment include cash, check or credit card. By signing below, you are authorizing the Geneva Park District to change your monthly payment, if applicable. Filling out this form does not guarantee a schedule change. Changes will be allowed based on availability at the specific site. Please submit form to one of the following: Sunset Community Center- 710 Western Avenue, Fax to (630)232-4569 or email to info@genevaparks.com

Child's Name	Parent's Name
School/KZ Site	Phone Number
Change to become effective the week of:  NEW Schedule Requesting	
Name on Card	Billing Zip Code
Card Number	Expiration Date CVV
	o charge the \$5 schedule change fee. In addition, I authorize the Geneva Park ct money owed/or to be refunded and to change my monthly payment to refle
Signature	Print Name Date
For Office Use Only	
Current Status:	Approved by: Date: Effective:
☐ Confirmed Parent/Legal Guardian E	nrolled Child in program. Roster change completed
Processed by: Date Proces	sed: