



SCHEDULE CHANGE & DISENROLLMENT FORM

Please complete one form per child

Eugene Creative Care

PO BOX 25940

Eugene , Oregon 97402

creativecare.eugene@gmail.com

- ! Families MUST complete this form to **CHANGE SCHEDULES** or to **DISENROLL** (*one per split-payer*)
- ! This form must be **received** by the **15th of the month** and will **apply to the following month**
- ! No refunds for the current billing month. No exceptions.
- ! Email or mail this to our **office** listed at the top of this form

Today's Date: ___/___/___ **Location:** _____ **Effective** (*next* month/year): ___/___ .

Child's Full Name: _____ **Child's Age:** _____

Parent's Full Name: _____ **Parent's Signature:** _____

NEW SCHEDULE

MON		TUES		WED		THUR		FRI	
Arrival	Depart	Arrival	Depart	Arrival	Depart	Arrival	Depart	Arrival	Depart
Hrs/Day:		Hrs/Day:		Hrs/Day:		Hrs/Day:		Hrs/Day:	

TOTAL HOURS/WEEK:

Billing Change?

☐ Yes

☐ No

MORE ON BACK

TOTAL HOURS/WEEK:

OFFICE USE ONLY

Old Bill: New Bill:

Date Effective:

DISENROLLMENT

The following must be completed by each private payer (for split accounts)

I understand that, if the ECC administrative office does not receive this disenrollment form **by the 15th of the month before**, NO billing adjustments will be made for **that or the effective month**.

I understand there will be **NO reimbursements** for missed days or partial months

☐ I would like to discontinue care for my child at the end of this month

Please remember to collect your child's belongings at the end of the month

We care very much about your family and wish you well!

Please return this form to:

Eugene Creative Care

PO BOX 25940

(1110 Fairfield Avenue)

Eugene , Oregon 97402

541-683-7291

creativecare.eugene@gmail.com

