

SCHEDULE CHANGE, TRANSFER OR CANCELLATION FORM

Participant's Name: _____

Parent/Guardian Name: _____ Phone # _____

Address: _____
Street Address City Zip Code

PROGRAM NAME: _____

<input type="checkbox"/> Schedule Change Days & Times Requesting: _____ Days & Times Canceling: _____
<input type="checkbox"/> Transfer Currently Enrolled In: _____ Transfer Enrollment To: _____
<input type="checkbox"/> Program Cancellation Please cancel enrollment in: _____
REASON FOR CHANGE: PREFERRED EFFECTIVE DATE: _____ *Note the City of El Cerrito requires 2 weeks notice for schedule changes, transfers and program cancellations. Applicable charges will apply for schedule changes, transfers and cancellations.

I understand that filling out this form does not guarantee the approval of my request. The registrar will contact you once the change is approved.

Signature: _____ Date: _____

OFFICE USE ONLY

Cancellation Fee \$ _____ Transfer Fee \$ _____ Refund Fee \$ _____

Staff Signature: _____

Comments:

Date Stamp: