



Contract Change Form

Please complete and return to the CER Billing Office. Changes will go into effect two (2) weeks from the date received. Changes involving additional care can be accepted only if space is available. The first contract change is free; a \$15 fee will be charged to your account or any additional changes.

Child's Name(s): _____

Current Contract:

- ☐ Consistent Care (select days): ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.
☐ Pick Your Days Care

New Contract:

- ☐ Consistent Care (select days): ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thurs. ☐ Fri.
☐ Pick Your Days Care
☐ Terminate Current Contract (please specify last day of attendance):

New Contract Change Goes Into Effect:

- ☐ Two weeks from today
☐ Other (please specify): _____

Parent Signature: _____

Today's Date: _____

For Office Use Only:

Date Received: ____/____/____

Date Effective: ____/____/____

of CC: ____

☐ Processed in Eleyo

☐ Notified Site

☐ Emailed P/G