



Change of Status/Withdrawal Request Form

Name of Child(ren) _____

Current Status at All Star Kids: _____ Current Deduction Amount \$ _____

Requested Status: _____ New Deduction Amount \$ _____

Withdrawing from Program? (circle one) Yes No

Requested Effective Date _____

(Date must be 10 days after written request date)

Change Applies To (circle one): Summer Program School Year Program Both

All Star Kids Site Location _____

Reason For Request _____

Date of Written Request for Change of Status _____

(Date must be 10 days prior to requested effective date)

Parent or Guardian Name (printed) _____

Parent or Guardian Signature _____

\$50 Withdrawal Fee Deducted from Auto-pay

Office Use Only

Date Submitted to Foundation _____

New Rate _____

Effective Date _____

Fee _____

Education Program Coordinator's Signature _____