



Date: _____

Randolph Afterschool Program Enrollment and Information Change Form

Child's Name: _____ D.O.B. _____

Parent / Guardian completing this form: _____

Randolph Afterschool Program:

Please check each session and circle the days your child will be attending the Afterschool Program

	Session 1 (September – November)	Mon	Tue	Wed	Thur	Fri
	Session 2 (December – February)	Mon	Tue	Wed	Thur	Fri
	Session 3 (March – June)	Mon	Tue	Wed	Thur	Fri

Withdraw from Afterschool Program

	I wish to withdraw my child from the _____ Program
--	--

My signature below indicates that I wish to change my child's enrollment to reflect the information indicated above. I understand that such changes are dependent on space available in the program and that this form does not guarantee my child a place on these days. I understand that the BGC office or Program Director will inform me about the availability of space for my child. I further understand that the earliest these changes will take place is the first day of the next month.

Signature: _____

Date: _____

Please return to: Boys & Girls Club of the White River Valley, P.O. Box 237, Randolph, VT 05060