



242 West Grant Street, Papillion, NE 68046  
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### KIDS CLUB - CHANGE OF STATUS FORM

Date Submitted: \_\_\_\_\_

Requested Date of Withdraw OR Enrollment Change: \_\_\_\_\_

(Kids Club must have **TWO** weeks' notice prior to all changes.)

Parent/Guardian Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

School in which child/ren enrolled: \_\_\_\_\_

**Current Status: (Check only one: A separate form is required if change effects both summer and school year)**

<input type="checkbox"/> Both AM & PM	<input type="checkbox"/> PM ONLY	<input type="checkbox"/> AM ONLY	<input type="checkbox"/> Summer
<input type="checkbox"/> Out of school days	<input type="checkbox"/> <b>WITHDRAW</b>		

**New Status: (Check only one: A separate form is required if change effects both summer and school year)**

<input type="checkbox"/> Both AM & PM	<input type="checkbox"/> PM Only	<input type="checkbox"/> AM Only	<input type="checkbox"/> Summer
<input type="checkbox"/> Out of School Days	<input type="checkbox"/> <b>WITHDRAW</b>		<input type="checkbox"/> New School

**STATUS CHANGE:** Any change in status for your child must be provided in writing on a "CHANGE OF STATUS" form. This must be returned to the Kids Club office. **Billing is processed in advance of the attendance dates, therefore all changes to your account shall under no circumstance be less than two weeks prior to the date of your change. No refunds will be given.**

**\*\*\*\*A reactivation fee is charged for every child re-enrolling during the same program time (summer, school year). The reactivation fee is half of the enrollment fee per child. \*\*\*\***

I understand that by changing my child's status in the Kids Club program, there is no guarantee that there will be space available if I need to change the status back. I understand that I may have to be placed on a waiting list to obtain a position back in the Kids Club program. I understand that selecting withdraw will terminate any future credit transactions by Tuition Express once my account is paid in full.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Foundation Office Use Only:**

<input type="checkbox"/> Billing Box	<input type="checkbox"/> Classroom
<input type="checkbox"/> Last TE Withdraw: _____	<input type="checkbox"/> Next TE Withdraw: _____
<input type="checkbox"/> Email Site	<input type="checkbox"/> Copy to Site

Date received \_\_\_\_\_ By \_\_\_\_\_