

# St. John's School

Early Learning Center & K-8

## CONTRACT CHANGE FORM

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

Child Name: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

	Current Contract	New Contract
Classroom:	_____	_____
Days Attending:	_____	_____

**Please Note: The first contract change for the school year is free of charge. For additional contract changes in that same school year, there will be a \$20 charge.**

Parent Signature \_\_\_\_\_