

Complete and Email to: adventureclub@stillwaterschools.org

Fax to: 651-351-8401

Mail to: Adventure Club and Spin, 1875 South Greeley Street, Stillwater, MN 55082 Questions? Call 651-351-8458

Parent/Guardian Full Name (please print)		
Child/ren		_Site
om offic	Request for Contract Changes or Withdrawals must be submitted to the busine week notice. Schedule changes within your contract must be made online the contract changes will result in a \$20 fee.	
l wa	ant to WITHDRAW from the program. Last day of attendance	Minimum two week notice
Re	ason for withdrawing	
Pa	rent/Guardian signature	_Date
l wa	ant to CHANGE MY CONTRACT A \$20.00 fee will be charged	d to your account.
Pick Yo	our Days (Pick days online by the 15 <sup>th</sup> of each month for the followir	ng month)
Drop in Care (Request care at least 24 hours in advance, based on availability)		
Consistent Schedule (Same schedule every week - Select your schedule below)		
Bet	fore School Monday Tuesday Wednesday	Thursday Friday
Afte	er School Monday Tuesday Wednesday	Thursday Friday
INDICATE DATE YOU WOULD LIKE New Schedule to begin:		
	M	linimum Two Week Notice
Since I am required to pay for my existing contract for two weeks, I will send my child for the remaining contracted dates.		
I will not s	send my child even though I am paying for the care.	
Parent/Guar	dian Signature:	_Date
	New Schedule will begin on (date)	
nly		py to Site
Office Only	Adjustments:	
Offic	☐ Credit: \$Dates ☐ Additional Charges: \$Dates	
	— Auditional Onalyes, φDates	