Growing Room®
CHILD DEVELOPMENT CENTERS

Child Action Form

Location: ____ **Auburn** ____ **Opelika**

Child's Name: _____ Date of Birth: _____

Parent's Name: (mother) _____ (father) _____

Phone: (mother) _____ (father) _____

CURRENT STATUS:

_____ **New Enrollment** Start Date: _____ Class: _____

Status: _____**Full-time** _____ **School Age: After Care** _____**Drop In Care**

Fees: Registration _____ Supply _____Weekly Rate _____

Comments: _____

_____

_____

_____ **Ongoing Enrollment**

Start Date: _____ Class Change: From _____ to _____

New Weekly Rate: $ _____

Start Date:_____ Status Change: From_____ to _____

If not full-time, list days: _____

New Weekly Rate: $ _____

_____ **Vacation Week Requested**
(Must meet 6 month attendance requirement and account must have a zero balance in order for credit to be granted. A two week notice is required.)

Week of _____ Approved by _____

Approved by_____

_____ **Withdrawal from Center** (Two week written notice is required.) Date Submitted: _____

Reason: _____

Tuition Charged Through _____

I request the above action be taken regarding my child's enrollment at The Growing Room.

Signature_____ **Date** _____