

# 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 \_\_\_\_\_