Learning Springs
Every moment a learning moment.

1718 Andover Lane, San Jose, CA 95124
408-216-8867

CONTRACT CHANGE IN PROGRAM

Student's Name:_____ **Student's Birthdate**: _____

Current Schedule_____ **Change Effective Date:** _____

I would like to change my child's enrollment option to the following:

LSA Elementary Extended Care

□ Add or change elementary after school care (End of Day - 5:00)

□3-day program

□5-day program

□Other: _____

LSA Middle School Extended Care:

□ Add or change middle school after school care

□ 3-day program (end of day to 5:00)

□5-day program

□Other: _____

LSA Elementary/Middle School Extended Care

□ Remove before/after school care

I understand that based on my choice of options, my child's rate will be $_____/Month/Day_____.

_____ _____

1. Parent/Guardian Name (please print) **2.Parent/Guardian Name** (please print)

_____ _____

1.Parent/Guardian Signature and Date **2.Parent/Guardian Signature and Date**

_____ _____

Lucia D'Souza, Executive Director **Date**

Office use only ☐**Staff advised** **Date rec'd: _____** **Rec'd by: _____**