Camp Fire USA
ALASKA COUNCIL

CHANGE OF ENROLLMENT

161 Klevin Street, Suite 100
Anchorage, AK 99508
Telephone: 279-3551 or 1-800-478-3550
Fax: 278-9829

ACCOUNT NUMBER

PARENT INFORMATION - Please Print

Registering Parent/Adult Name:_____ Daytime Phone:_____

Child(ren)'s Name(s): 1._____ 2._____ 3._____

Current Site:_____ **Requested Effective Date** _____/_____/_____

Changes of Enrollment, including withdrawal, must be submitted in writing one week prior to the 1st of the month.

Is this change being made one week prior to the beginning of the month? ❑YES ❑NO

If no, explain_____

(If no, the change of enrollment may not be effective until the next month, pending approval of the Director of Finance.)

Registering Parent/Adult Signature: _____ **Date**____/____/____

_____ ***NOTICE OF WITHDRAWAL*** Last day of Attendance _____/_____/_____

Reason for Withdrawal:_____

_____***CHANGE IN ENROLLMENT***

Change Enrollment from:	**Change Enrollment to**:
____ 0-5 days - Plan A ____ 6-12 days -Plan B	____ 0-5 days - Plan A ____ 6-12 days - Plan B
____ 13+ days Plan C (Monthly)	____ 13+ days Plan C (Monthly)
____ AM Only ____ PM Only ____ AM & PM	____ AM Only ____ PM Only ____ AM & PM

Reason for Change: _____

New Phone number

_____***MAILING ADDRESS CHANGE***

_____

_____

_____ ***CHANGE OF SITE*** New Site: _____

(Changes of site may not occur, pending verification of space availability.)

Date change will occur ____/____/____ Approved by: _____

CAMP FIRE USA USE ONLY

Date Received from Parent: _____/_____/_____ Received by: _____

❑Approved ❑Not Approved Effective Date: _____/_____/_____ Authorized by:_____