



CAP CHANGE FORM

Changes in your child's schedule will be accepted with at least **one week's notice** before the change/drop is to become effective. A \$5.00 service fee will be charged for all schedule changes. By signing below, you are authorizing the Arlington Heights Park District to change your monthly payment and charge the \$5 service fee. **Filling out this form does not guarantee a schedule change. Changes will be allowed based on space availability at the specific site. This form should be turned into the Administration Center at 410 N. Arlington Heights Rd, emailed to capregistration@ahpd.org or faxed to (847) 385-9425.**

Child's Name _____ Home Phone _____

School _____ Grade _____

Days your child is currently attending (please circle):

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

If you are canceling, please fill in last day child will be attending and reason for withdrawal. (Please remember we require at least one week's notice.) _____

Days you are changing to (please circle):

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

Change of Credit or Debit card:

For security protection, your full bank card number can not be written on this form. Bank Card Number MUST be entered in your online account as a Saved Credit Card. Login into AHPD Registration. www.ahpd.org/registration Click My Account. Click List Saved Credit Cards. Click Add New to enter a credit card number. Enter the bank card number you wish to use.

Please enter last 4 digits of the NEW bank card saved to your file for CAP: _____

Cardholder's/Payer's Name: _____

Date for change to become effective: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN RELATIONSHIP TO CHILD DATE

For Office Use Only					
Changed in Flex Reg _____	Confirmed Change with Parent _____	Roster change completed _____			
Site Notified of Drop/Change _____	New installment amount _____	Bank Card Linked _____	Finance _____		