



**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](mailto:capregistration@ahpd.org) or faxed to 847-385-9425.**

Child's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

CAP Site \_\_\_\_\_ Grade \_\_\_\_\_ Change Effective Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Purpose of Completing this Form: (check one)**

**Withdraw from CAP**

**Change CAP options/days**

**Change Saved Credit Card**

**If withdrawing from CAP:**

Please list your child's last day of attendance and reason for withdrawal:

**If changing CAP option/days:**

**Days your child is currently attending/registered for (check all that apply):**

**AM**            Monday            Tuesday            Wednesday            Thursday            Friday

**PM**            Monday            Tuesday            Wednesday            Thursday            Friday

**Days you are changing to (please circle):**

**AM**            Monday            Tuesday            Wednesday            Thursday            Friday

**PM**            Monday            Tuesday            Wednesday            Thursday            Friday

**Change of Saved Credit Card:**

**For security protection, your full bank card number cannot 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](http://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:** \_\_\_\_\_

**For Office Use Only**

Changed in Flex Reg \_\_\_\_\_ Bank Card Updated \_\_\_\_\_ Payment / Refund Completed: \_\_\_\_\_

Roster change completed \_\_\_\_\_ Master list updated \_\_\_\_\_ Site Notified \_\_\_\_\_ Bus list updated \_\_\_\_\_