

PS 3'til 6/Oasis Afterschool Program

**Registration Change Request Form**

**IMPORTANT NOTE:** *If you want to ADD a PROGRAM-DAY to your current registration, please go to our website, click the Registration Link for Regular Users, choose 'Returning User', select desired weekday and follow the prompts until payment is completed. For all other changes – switching activities or cancelling a program-day – you need to submit this form. Please submit ONE Form for each program-day and allow three to five (3-5) business days for your request to be processed. Thank you!*

**All fields required. Incomplete forms cannot be processed!**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Currently registered for (circle only one program-day): M T W Th F

1<sup>st</sup> Period Activity (enter name): \_\_\_\_\_

2<sup>nd</sup> Period Activity (enter name): \_\_\_\_\_

**Would like to: please circle and complete option (a) OR circle option (b) below**

**(a) Attend these activities instead (enter details below):**

*Class changes are subject to availability and a processing fee of 10.00 per change.*

1<sup>st</sup> Period Activity (enter name): \_\_\_\_\_

2<sup>nd</sup> Period Activity (enter name): \_\_\_\_\_

**(b) Cancel program-day and special classes (if applicable)**

*Pro-rated refunds are issued for a limited time and are subject to cancellation fees.*

*Please consult our Program Policies and Calendar before submitting your request.*

**Parent/Guardian Information & Payment Authorization**

First and Last Name (please print) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Any charges – or reimbursement - resulting from this request (please circle option (a) OR (b) below:

(a) Please charge / refund my credit card on file (enter last four digits) \_\_\_\_\_

(b) Please bill / credit my account. Balance will be paid by check upon notification.

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

*Requests for pro-rated refunds, if applicable, will use the date on this form as the effective cancellation date.*

**Please review the information above and make sure that all fields have been completed. Thank you.**

**This form is also available online @ [www.ps3nyc.org/afterschool.html](http://www.ps3nyc.org/afterschool.html)**