



2020 Kidz Care Change Form

Child's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

All requests for refunds, transfers, or addition of weeks must be submitted in writing to the Kidz Care office by completing the Change Form. Forms can be submitted directly to the Kidz Care office through www.santa-clarita.com/kidzcare or emailed to kidzcare@santa-clarita.com. Change Forms must be submitted by the appropriate deadline. All requests to transfer or add additional weeks/days/programs will be based on availability and deadline requirements. You will be notified by the Kidz Care office of the status of your request once written notification has been received.

REFUND POLICY

- A refund will not be issued for days missed in a week and there are no make-up days.
• Any refund of camp fees may take up to one week after notification is received to be processed.
• After a refund has been issued, credit card refunds may take up to seven business days depending on your credit card company/bank and check refunds may take up to three weeks to receive.

CAMP TRANSFERS OR ADDITIONS

- Transfer requests must be received by the Kidz Care office no later than the Wednesday prior to the start of the week at 5:00 p.m. Requests for addition of weeks must be submitted to the Kidz Care office by the Wednesday prior to the beginning of the week at 5:00 p.m.

Please circle the program options you would like to cancel, add or transfer:

Table with 4 columns: Week, Dates, Location\* (please circle one), and Circle One. Rows include weeks 1-7 with specific dates and location options (CCP, NP, NOP, SCP, TC, VGP, VMP).

\* Canyon Country Park (CCP), Newhall Park (NP), North Oaks Park (NOP), Santa Clarita Park (SCP), The Centre (TC), Valencia Glen Park (VGP), Valencia Meadows Park (VMP)

Please state the reason for the request: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Email: \_\_\_\_\_

PAYMENT INFORMATION (complete only if balance due):

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_
Payee Name: \_\_\_\_\_ Payee Signature: \_\_\_\_\_
Check #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Office Use Only:
Date Received: \_\_\_\_\_