



# Dolphin Station Change Form

Administration Office | 1450 Forest Gate Road | (630) 645-9590 | registration@obparks.org

Please note: Change Request Forms must be completed and turned in at least 5 business days prior to the change requested. Your child will only be accepted at Dolphin Station on the days indicated on this form.

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name (Full Name): \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate the change to be made:

\_\_\_ Change of schedule: Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. Form must be received at least 5 business days prior to change.

\_\_\_ Withdrawal from Program: Requested Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. Form must be received at least 5 business days prior to withdrawal.

## Change of Schedule

Please circle the number of days and the times the child is currently registered:

Days:            5        4        3        2            Times:            BOTH AM & PM        AM ONLY        PM ONLY

**Session Choice: Please check appropriate line. Fee listed is the monthly fee that will be charged.**

	<b>SESSION</b>	<b>1 CHILD/2 CHILD</b>	<b>(Annual*)</b>	
<b>5 DAY</b>	___ BOTH AM & PM	\$536/\$482	\$4820	*10% discount if additional children enrolled.  Must circle appropriate days
	___ ONLY AM	\$179/\$161	\$1607	
	___ ONLY PM	\$357/\$321	\$3213	

	<b>SESSION</b>	<b>1 CHILD/2 CHILD</b>	<b>(Annual*)</b>	M	TU	W	TH	F
<b>4 DAY</b>	___ BOTH AM & PM	\$428/\$386	\$3856					
	___ ONLY AM	\$143/\$129	\$1285					
	___ ONLY PM	\$286/\$257	\$2570					

	<b>SESSION</b>	<b>1 CHILD/2 CHILD</b>	<b>(Annual*)</b>	M	TU	W	TH	F
<b>3 DAY</b>	___ BOTH AM & PM	\$321/\$289	\$2892					
	___ ONLY AM	\$107/\$96	\$964					
	___ ONLY PM	\$214/\$193	\$1928					

	<b>SESSION</b>	<b>1 CHILD/2 CHILD</b>	<b>(Annual*)</b>	M	TU	W	TH	F
<b>2 DAY</b>	___ BOTH AM & PM	\$214/\$193	\$1928					
	___ ONLY AM	\$71/\$64	\$643					
	___ ONLY PM	\$143/\$129	\$1285					

Parent's Signature

I authorize the above change / withdrawal of my child's Dolphin Station Registration.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit forms to Registration Office, 1450 Forest Gate Road, Oak Brook IL.

