



HERITAGE LEARNING CENTER

### Request to Change Billing

Date:	_____
Parent Names:	_____
Child/ren:	_____

**I request to change the following information on my account:**

(Please sign at the bottom before handing this form in to the office.)

     **ADD** (circle change)                      **Effective Date:** \_\_\_\_\_

Breakfast Weekly (5.00)

Breakfast Semi-Monthly (10.00)

Breakfast Monthly (20.00)

     **DELETE** (circle change)                      **Effective Date:** \_\_\_\_\_

Breakfast Weekly (5.00)

Breakfast Semi-Monthly (10.00)

Breakfast Monthly (20.00)

     **CHANGE MY TUITION BILLING**      **Effective: The beginning of Next Month**

This change notice must be given to the office two weeks before the beginning of the next month in order for the office to have sufficient time to alter family accounts. Please be aware that any changes to tuition will take affect at the beginning of the upcoming month. Level billing for the CLUBHOUSE is only available in August.

<b>Change my billing FROM</b> (circle one)	<b>Child's Teacher:</b> _____		
WEEKLY	SEMI-MONTHLY	MONTHLY	
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<b>Change my billing TO</b> (circle one)			
WEEKLY	SEMI-MONTHLY	MONTHLY	

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

Office Signature: \_\_\_\_\_ Received on: \_\_\_\_\_