



PALS CANCELLATION & CHANGE FORM VERNON HILLS PARK DISTRICT SCHOOL YEAR 2025/2026

CHILD INFORMATION

Name (First & Last): _____ DOB: _____ Gender: _____ Grade (Fall '25): _____

Name (First & Last): _____ DOB: _____ Gender: _____ Grade (Fall '25): _____

Primary Phone: _____ Alt. Phone: _____ Email: _____

Address: _____

SCHOOL

School child (ren) attend:

- ☐ Aspen (AS) ☐ Elementary North (EN) ☐ Elementary South (ES)
☐ Townline/Dual Language (TL) ☐ School for Young Learners (YL)

ENROLLMENT CHANGE & CANCELLATION OPTIONS

If you need to **CANCEL** PALS, please submit the *PALS Cancellation & Change Form*. Please fill out the form at least seven (7) days before the cancellation is to become effective.

To make any **CHANGES** to your PALS registration, please submit the *PALS Cancellation & Change Form* by 12:00 p.m. on Thursdays. The changes will take effect at the start of the following week.

Changes will be subject to PALS Supervisor approval. **A fee of \$10 per child will be charged for any changes to enrollment.**

☐ CHANGE PALS program options or days. Requested effective date: _____

My child is currently enrolled in:

- ☐ AM Program (Select Days): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
☐ PM Program (Select Days): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

I would like to change to:

- ☐ AM Program (Select Days): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
☐ PM Program (Select Days): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

- ☐ CANCEL PALS enrollment ☐ Cancel AM Program ☐ Cancel PM Program

Please list the date of your child's last day of attendance: _____

What is the reason for your withdrawal? _____

PAYMENT INFORMATION

Credit Card Number: _____ **Expiration Date:** _____

Card Holder Name: _____ **CVV:** _____

STAFF ONLY

Date: _____ Supervisor Approval: _____

For Cancellations Only: Refund Amount: _____ Processed Date: _____