CHIRS	
	Adult Day Services CHANGES TO REGISTRATION

Client Name:		
Service Team:	Completed By:	

Please use this form to make changes to your existing registration in Adult Day Services Programs. There is no penalty if you notify us that you wish to complete a quarter but not continue. If you do not finish a quarter, or do not give us adequate notice, you may not be eligible for a refund---please refer to our refund policy.

ADDING a Programregisters you from yo	our start date through the Spr	ing Quarter
Program	Starting Date	Fee
	Total Fee for 1 quarter	
	Multiply by # of quarters	
	Total Fee	
I will pay: Quarterly All at once	Amount enclosed	
(This form will only be accepted with	n payment for at least one quarter)	
DROPPING a ProgramUnregister :	as of your last date of particip	ation
Program	Your last Date of par	ticipation
Do you think that you are eligibl	e for a refund? YES NO	

Do you think that you are	eligible for a refund? YES NO
(we will check our record	s, and notify you of any discrepancy)
ase update my registration in Adult Day	Services Programs as indicated in this form
ase update my registration in Adult Day Signature:	Services Programs as indicated in this form Date:

Office Use: Entered On: Entered By: Money Rec'd On: Cash

Cheque

Other