



Change Membership Form

Forms are due on the **15th** of the month. Submit to membership@buddings.ca.

Forms received after the 15th are subject to a \$30 administrative fee.

Please complete the sections below to confirm your selection:

Child(ren)'s Full Names: _____

Guardian's Full Name: _____

Requested Change Month: _____

By submitting this form, I wish to adjust my billing with Buddings Daycare for the 25th of the month as follows:

- SBK Full-Care Membership (18 months - kindergarten): \$550/mo.
 - 1:4 ratio for teachers to children
 - Up to **40** hours of care per month

- Exit Membership: bill my credit card for outstanding invoices on the 1st next month.
 - Membership ends on the last day of the requested month
 - Remaining hours forfeited.

All members receive an annual tax summary via email before the end of February.

Signature

Date

Reason for change (*optional*): _____