



Mailing Address: 13030 Ashley Falls Drive, San Diego, CA 92130
Office Phone: (858) 793-0071 Fax: (858) 793-6957

Contract Change Form

Please complete this form and return it to the ECDC office at least two weeks prior to the effective date of change. This change of contract must remain in effect for a minimum of four weeks. The ECDC office will contact you if we cannot accommodate your request at this time. Changes are subject to availability. If changes to your account are necessary, you will see them on the following month's statement. There is a \$10.00 charge to process a contract change.

Today's Date: _____ Effective Date of Change: _____

Child's Name: _____

I would like to request the following changes/additions in my child's contract:

Parent's Signature: _____

OFFICE USE ONLY

- REQUEST APPROVED
- REQUEST DENIED

Reason for Denial: _____