



17725 NE 65th St Suite A100
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Transfer and Drop Form

- Please fill out this form to make an enrollment change to a class. Make two copies and put one in the Registrar and Treasurer inbox.
- Refund checks will be mailed out to the home address on file unless otherwise instructed and may take up to 4-6 weeks.

Currently Enrolled in:

Class: _____ Parent Leader: _____

TRANSFER:

Student Name: _____ Phone/Email: _____

Date Transferred: _____ Transferred from class ___ to ___ or _____

Transfer fee collected? Yes___ No___ If refund requested please select below.

DROP:

Student Name: _____ Phone/Email: _____

Date Dropped: _____ Reimbursement Requested? Yes___ No___

For Reimbursement:

Mailing Address: _____

Paid in full for year: Yes___ No___

Please select which refund you are applying for:

___Notified prior to week 1: 100%

___Notified after 2nd week: 0%

*Please remember the 100\$ registration fee is non-refundable

Comments:
