



CITY OF SACRAMENTO 4th "R" CATEGORY AMENDMENT FORM



CHILD'S NAME _____ SITE NAME _____

From Category: _____ To Category: _____

Effective Date: _____

Please note that this amendment must be received by the 15th of the PRIOR month to change categories. Amendments not received by this date will result in continued billing in the prior assigned category.

Disenrollment

Last day of attendance: _____

4th "R" Monthly Categories

Cat. A \$565 125 hours and above per month	Cat. F \$295 35-50 hours per month
Cat. B \$500 100-125 hours per month	Cat. G \$250 25-35 hours per month
Cat. C \$450 80-100 hours per month	Cat. H \$175 15-25 hours per month
Cat. D \$375 65-80 hours per month	Cat. I \$125 9-15 hours per month
Cat. E \$335 50-65 hours per month	Cat. J \$50 15min-9 hours per month

Please fill out hours of attendance in the month:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	in _____	_____	_____	_____	_____
	out _____	_____	_____	_____	_____
PM	in _____	_____	_____	_____	_____
	out _____	_____	_____	_____	_____

Parent Signature: _____ Date: _____

Program Coordinator: _____ Date: _____

Needs approval if received after the 15th of the month:

Program Supervisor: _____ Date: _____

EZCare _____

Please check if this is a Child Action Family _____