



## PROGRAM CHANGE/WITHDRAWAL FORM

All changes must be in writing, signed by the parent/guardian and returned to the YMCA office by the last working day of the month preceding the change or previous rates will apply.

CHILD'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

PROGRAM:    \_\_\_ SCHOOL-AGE CHILD CARE    \_\_\_ EARLY CHILDHOOD LEARNING CENTER

**WHAT TYPE OF CHANGE IS BEING MADE?**

\_\_\_ **WITHDRAW:** FROM (SITE): \_\_\_\_\_

\_\_\_ **SITE CHANGE:** FROM (SITE): \_\_\_\_\_ TO (SITE): \_\_\_\_\_

\_\_\_ **SCHEDULE CHANGE:**                      \_\_\_ **RETURNING TO CARE:**

SCHOOL-AGE CHILD CARE SCHEDULE		
<b>Current schedule that child is registered for (please check):</b>		
<b>FULL-TIME</b>	<b>PART-TIME</b>	<input type="checkbox"/> <b>1 DAY PER WEEK (e.g. Wednesday early release) PM ONLY</b>
<input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only	<input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only	
<b>New schedule requested (please check):</b>		
<b>FULL-TIME</b>	<b>PART-TIME</b>	<input type="checkbox"/> <b>1 DAY PER WEEK (e.g. Wednesday early release) PM ONLY</b>
<input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only	<input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only	

**TO HELP US IMPROVE OUR PROGRAMMING, PLEASE TELL US THE REASON FOR THIS CHANGE**

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EARLY CHILDHOOD LEARNING CENTERS	
<b>Room change request (if turning age 4) to be eligible for a rate reduction:</b>	
<input type="checkbox"/> I am requesting a transfer to the older classroom	My child is turning 4 on (M/D/Y):        /        /

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_