



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:**

SCHOOL-AGE CHILD CARE SCHEDULE		
Current schedule that child is registered for (please check):		
FULL-TIME	PART-TIME	LIMITED CARE
<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	<input type="checkbox"/> AM/PM <input type="checkbox"/> AM Only <input type="checkbox"/> PM Only
New schedule requested (please check):		
FULL-TIME	PART-TIME	LIMITED CARE
<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	<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

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

Parent Signature _____ Date _____