



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

Parent Signature _____ Date _____