



Child's Name: _____ Phone Number: _____

Parent's Name: _____ E-Mail Address: _____

Type of Change: Parent/Guardian Information Program Payment Option
 Emergency Contacts

For Parent/Guardian Information Changes

Please list all changes to be made: _____

For Program Changes:

Current Plan: _____

Program: Before / After / B&A

Location: _____

Change to:

New Plan: _____

Program: Before / After / B&A

Location: _____

Effective Date: _____ **New Program Fee: \$** _____

Any change in program fees will require a new Payment Option Form before the change can be made.

For Payment Changes:

Complete a new Payment Option Form and attach. This form must be complete and a voided check must be included for all ABW drafts.

For Additional Emergency Contacts:

Name: _____ ADD REMOVE

Phone: _____ Alt. Phone: _____

Name: _____ ADD REMOVE

Phone: _____ Alt. Phone: _____

For Program Cancellation:

As of (date) _____, my child (name) _____

will no longer attend the YMCA School-Age Child Care program at (school) _____

I realize that this notice must be in writing 30 days prior to the last day of care. Any changes that are made must be done before the 9th of any given month in order to stop automatic draft.

Reason for cancellation: _____

Parent Signature

Date

Office Use Only

Date Received: _____ Date Processed: _____ Staff Initials: _____

All Fees Collected: Refund Processed \$ _____ Credit Processed \$ _____