



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 14 days prior to the last day of care. Any changes that are made must be done before the 9<sup>th</sup> 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 \$ \_\_\_\_\_