



YMCA

We build strong kids,
strong families, strong communities.

Effective Date:

____/____/____

CHILD CARE CHANGE FORM

Child(ren)'s Name: _____ Site: _____

Parent's Name: _____ Date: _____

Change Childcare Options

NEW MONTHLY TUITION \$ _____ EFFECTIVE DRAFT DATE: ____/25/____

REASON FOR CHANGE IN MONTHLY TUITION AMOUNT:

CHANGE CHILD CARE PLAN TO:

Full-Time (Mon – Fri) 3-Days* 2-Days* AM Only Other _____

Kindergarten Plus Only (M-F till 2:05 pm) Kindergarten Plus 5-Day Extended Care

Kindergarten Plus 3-Day Extended Care* Kindergarten Plus 2-Day Extended Care*

Late Owl Kindergarten – Please indicate days & hours of attendance _____

*For 3-Day & 2-Day Options, Please Circle Days Needed (dependent on availability) M T W TH F

REMOVE A CHILD

Name: _____ (Must Complete Withdrawal Form)

I understand that this notice must reach the YMCA Office 30 days prior to my EFT transfer date in order to stop the transfer of funds from my account.

ADD A CHILD Name: _____

(Completed registration package required for each new child)

Other Changes

TRANSFER MY CHILD

FROM _____ TO _____ Transfer Date: _____
(Childcare Site) (Childcare Site)

OTHER CHANGE (Please Specify) _____

Parent/Guardian Signature

Date

For Office Use Only: Date Completed: ____/____/____ By Whom: _____

Top Copy - Administration Office

Middle Copy - Childcare Center

Bottom Copy - Parent