

**YMCA of Orange County
School-Age Child Care Program Withdrawal Notice**

Date: _____

YMCA Program Center: _____

Parent/Guardian Name: _____

Child's Name	Grade	Age
1		
2		
3		

Last day child (children) will be attending Childcare: _____/_____/_____
(As stated in the YMCA Parent Handbook, parents/guardians are required to provide a 30-day written notice)

How long has your child (children) participated in the YMCA Child Care Program?
_____ Less than 1 year _____ 1 year _____ 2 years _____ 3 years _____ 4+years

What is the main reason for choosing to leave the YMCA childcare program? (Please check all that apply.)

- | | | |
|--------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Transfer to another school | <input type="checkbox"/> Financial Reasons | <input type="checkbox"/> Program quality |
| <input type="checkbox"/> Child entering Middle School | <input type="checkbox"/> Found other care | <input type="checkbox"/> Facility condition |
| <input type="checkbox"/> Family moving out of area | <input type="checkbox"/> Disenroll for summer/back in fall | <input type="checkbox"/> Staff quality |
| <input type="checkbox"/> Loss of financial assistance | <input type="checkbox"/> Not utilizing services enough | <input type="checkbox"/> Director quality |
| <input type="checkbox"/> Loss of 3 rd Party/Grant Asst. | <input type="checkbox"/> Cost too much | <input type="checkbox"/> Safety concern |
| <input type="checkbox"/> Change jobs or work situation | <input type="checkbox"/> Not convenient | <input type="checkbox"/> Dismissed from program |
| <input type="checkbox"/> Loss of employment | <input type="checkbox"/> Not enough for older children | <input type="checkbox"/> Non-Payment |
| <input type="checkbox"/> Illness/Medical/Disability Leave | <input type="checkbox"/> Type of program activities | <input type="checkbox"/> Other (Please specify) |

Additional Comments: _____

What could the YMCA Program Centers do to get you back?

- | | | |
|--------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Enrichment classes. | <input type="checkbox"/> Better parent communication. | <input type="checkbox"/> More structure. |
| <input type="checkbox"/> Better curriculum. | <input type="checkbox"/> Hire better staff. | <input type="checkbox"/> Better discipline. |
| <input type="checkbox"/> More activities for older children. | <input type="checkbox"/> Reduce turnover. | <input type="checkbox"/> Nothing. |
| <input type="checkbox"/> Improve facility. | <input type="checkbox"/> Longer operating hours. | <input type="checkbox"/> Provide Drop-In Rate |
| <input type="checkbox"/> Provide Holiday Care/Rate | <input type="checkbox"/> Provide Partial Month Rate | <input type="checkbox"/> Other: _____ |

Additional Comments: _____

Parent/Guardian Signature: _____ **Date:** _____

Would you like to be contacted by a YMCA representative? _____ Yes _____ No

Phone Number: _____ Best time to call: _____

Internal Use:

Reviewed By: _____

Date: _____

Comments: _____

