



PROGRAM CHANGE/WITHDRAWAL FORM

Child's Name _____ School Age Site _____

Program: ___EARLY CHILDHOOD ___SCHOOL AGE CHILDCARE

What type of change is being made? ___SITE ___SCHEDULE ___WITHDRAW

To help us improve programming, please tell us the reason for this change:

SCHEDULE

School Age – Current schedule that child is registered for (please check):

___AM/PM Full Time	___AM/PM Part Time	___AM/PM Limited
___AM Only, Full Time	___AM Only, Part Time	___AM Only Limited
___PM Only, Full Time	___PM Only, Part Time	___PM Only Limited

School Age – New schedule requested (please check):

13 or more days	Up to 12 days	Up to 5 days
___AM/PM Full Time	___AM/PM Part Time	___AM/PM Limited
___AM Only, Full Time	___AM Only, Part Time	___AM Only Limited
___PM Only, Full Time	___PM Only, Part Time	___PM Only Limited

Early Childhood – Room change request if turning age 4 to be eligible for a rate reduction

My child is turning 4 on ____/____/____. I am requesting a transfer to the older classroom.

Parent Signature _____ Date _____

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.