

2019-2020 SCHOOL AGE CHILD CARE SCHEDULE CHANGE FORM

FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

PARTICIPANT INFORMATION

Child's Name:			Parent/Gu	Parent/Guardian Name:							
CHANGE OF SCHE	DULE										
Date changes take effect:			(TWO WEEKS N	_ (TWO WEEKS NOTICE REQUIRED FOR CANCELATION OR DECREASE OF CARE)							
Current Site/Schedule				New Site/Schedule							
Site:			Site:								
🗌 Full Time	Before Only		🗖 Fu	ll Time	🗌 Before O						
🗌 Part Time	After Only	🗆 Drop In	🗆 Pa	rt Time	🗆 After On		🗆 Drop In				
CANCELATION OF CARE											
Reason for Cancelation: 🗌 No Longer Ne		Needed [] Moving from Area	a 🔲] Dissatisfied 🛛 🗆 C)ther (please explain)				

CHANGE OF IN	IFORMATION									
Address:					Phone #:					
Email:			Name: _							
REFUND										
Pofund Poguosto	d. Amount ¢	Refu	ind Method:	🗌 System	Credit	🗆 EFT				
Refund Requeste		((choose one)	🗌 Debit/C	redit Card	Check *	 Complete payee information below 			
was made with the de and unclaimed amour Check Refund Info	ebit/credit card. A \$5 ats will be considered a	mputer, check, or debit processing fee will be a donation to the South	e applied to all o Sound YMCA.	check refunds.			• • •			
Address:			City:		Stat	e:	Zip:			
Delivery M (choos	ethod: □Email se one) □Email	🗌 Pick-up		p location : hoose one)	🗌 Plum Stre	etY [] Briggs Y			
Signature of Parent/Guardian:				Date:						
South Sound YMCA Staff Use Only										
MEMBER SERVICES:	Received By	Membe	er ID#				Rev 8/2/2019			
SUPPORT SPECIALIST:	Processed	Site Copy Sc	an to P Drive	Int	Member Conta	acted date:				
ACCOUNTING STAFF:	Approved	Denied Amt. (if	differs)	Int	Date	Waive \$	5 check fee? Y N			
BUSINESS OFFICE:	Check:	Batch #:		Amoun	t:	Date Paie	d:			