



# 2020-2021 SCHOOL AGE CHILD CARE SCHEDULE CHANGE FORM

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PARTICIPANT INFORMATION

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

## CHANGE OF SCHEDULE

Date changes take effect: \_\_\_\_\_ (TWO WEEKS NOTICE REQUIRED FOR CANCELATION OR DECREASE OF CARE)

### Current Site/Schedule

### New Site/Schedule

Site: \_\_\_\_\_

Site: \_\_\_\_\_

Full Time     Part Time: M / W / F

Full Time     Part Time: M / W / F

Part Time: T / TH

Part Time: T / TH

## CANCELATION OF CARE

Reason for Cancellation:     No Longer Needed     Moving from Area     Dissatisfied     Other (please explain)

## CHANGE OF INFORMATION

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Name: \_\_\_\_\_

## REFUND

Refund Requested: Amount \$ \_\_\_\_\_ Refund Method:  System Credit     EFT  
(choose one)     Debit/Credit Card     Check \* Complete payee information below

All refund requests must be approved by the Support Specialist. Refunds will be reviewed and processed within 7-11 business days and are available in the form of system credits in the computer, check, or debit/credit card. A debit/credit card refund is only available if the original payment was made with the debit/credit card. **A \$5 processing fee will be applied to all check refunds.** System credits expire one year from date issued and unclaimed amounts will be considered a donation to the South Sound YMCA.

### Check Refund Information:

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Delivery Method: (choose one)     Email     Pick-up\*

\*Pick-up location: (choose one)     Plum Street Y     Briggs Y

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

SOUTH SOUND YMCA STAFF USE ONLY					
MEMBER SERVICES:	Received By _____	Member ID# _____			Rev 8/2/2019
SUPPORT SPECIALIST:	<input type="checkbox"/> Processed	<input type="checkbox"/> Site Copy	<input type="checkbox"/> Scan to P Drive	Int _____	Member Contacted date: _____
ACCOUNTING STAFF:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Amt. (if differs) _____	Int _____	Date _____ Waive \$5 check fee? <b>Y N</b>
BUSINESS OFFICE:	Check: _____	Batch #: _____	Amount: _____	Date Paid: _____	