



Request to Modify Existing Care

To: YMCA Child Care Registration and Billing Office From: _____

Please be advised that I am giving the YMCA **10 business days' notice** for my child(ren) below as per the YMCA's procedure for notice of change in care or withdrawal of care.

Parent/Guardian Name: _____

Child(ren) Name(s): _____

Program Location: _____

A. Change in Care Request

Change: Adding Care Removing Care

Change Requested: _____

Effective Date: _____

B. Change in Age Group (to be completed by the program supervisor)

Current Age Group: Infant Toddler Preschool School-Age Under 6 School-Age 6-12

New Age Group: Infant Toddler Preschool School-Age Under 6 School-Age 6-12

Effective Date: _____

C. Notice of Withdrawal

Reason for Withdrawal: _____

Last Day to Bill: _____

D. Suspension of Care (from YMCA)

Number of Days Suspended: _____ Dates: _____

E. Signature

Parent/Guardian Signature: _____ Date: _____

F. Approvals (for office use only)

Supervisor Signature: _____ Date: _____

Date Sent to Registration and Billing: _____ Sent By: E-Mail Fax

Registration and Billing Signature: _____ Date: _____