

5-2

Request to Modify Existing Care

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:	To: YMCA Child Care Registration and B	Silling Office	From:	
Child(ren) Name(s):			notice for my child(r	en) below as per the YMCA's
Program Location:	Parent/Guardian Name:			
A. Change in Care Request Change: Adding Care Removing Care Change Requested:	Child(ren) Name(s):			
Change: Adding Care Removing Care Change Requested:	Program Location:			
Change Requested:	A. Change in Care Request			
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 Keason for Withdrawal: Reason for Withdrawal: Last Day to Bill: D. Suspension of Care (from YMCA) Number of Days Suspended: Parent/Guardian Signature: Date: Date: Date: Date:	Change: 🛛 Adding Care 🗌 Removing Ca	are		
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:	Change Requested:			
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:	Effective Date:			
New Age Group: Infant Toddler Preschool School-Age Under 6 School-Age 6-12 Effective Date:	B. Change in Age Group (to be completed b	y the program sup	ervisor)	
Effective Date: C. Notice of Withdrawal Reason for Withdrawal:	Current Age Group: 🛛 Infant 🔲 Toddler 🛛	🗆 Preschool 🛛 Sci	hool-Age Under 6	□ School-Age 6-12
C. Notice of Withdrawal Reason for Withdrawal: Last Day to Bill: Last Day to Bill: D. Suspension of Care (from YMCA) Number of Days Suspended: Dates: Dates: Parent/Guardian Signature: Date: Date: Date: Date: Date: Date: Date:	New Age Group: 🗆 Infant 🛛 Toddler 🔲 P	reschool 🛛 Schoo	I-Age Under 6 🛛 Sc	hool-Age 6-12
Reason for Withdrawal: Last Day to Bill: Last Day to Bill: D. Suspension of Care (from YMCA) Number of Days Suspended: Dates: E. Signature Parent/Guardian Signature: Date: Date: Supervisor Signature:	Effective Date:			
Last Day to Bill: D. Suspension of Care (from YMCA) Number of Days Suspended: Dates: Dates: Parent/Guardian Signature: Parent/Guardian Signature: Date: Date: Supervisor Signature: Date: Date:	C. Notice of Withdrawal			
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:	Reason for Withdrawal:			
Number of Days Suspended:Dates: E. Signature Parent/Guardian Signature: Date: Date: Supervisor Signature: Date:	Last Day to Bill:			
E. Signature Parent/Guardian Signature: Date: Date: Supervisor Signature: Date: Date:	D. Suspension of Care (from YMCA)			
Parent/Guardian Signature:	Number of Days Suspended:	Dates:		
F. Approvals (for office use only) Supervisor Signature: Date:	E. Signature			
Supervisor Signature: Date:	Parent/Guardian Signature:		D	ate:
	F. Approvals (for office use only)			
Date Sent to Registration and Billing:	Supervisor Signature:		Date:	
	Date Sent to Registration and Billing:		S	Sent By: 🛛 E-Mail 🗆 Fax
Registration and Billing Signature: Date: Date:	Registration and Billing Signature:		Date:	
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