



Shine On

Request to Modify Existing Care

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

Please be advised, I am giving the YMCA of Northeastern Ontario 10 business days' written 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)'s Name(s): _____

Current Program Location: _____

A. Change in Care Request (if a complete withdrawal, please complete Section C)

Change: [] Adding Care [] Removing Care

Change Requested: _____

Requested Date (10 business day's notice is required for removal of care): _____

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

Current Age Group: [] Infant [] Toddler [] Preschool [] School-Age

New Age Group: [] Infant [] Toddler [] Preschool [] School-Age

Effective Date: _____

C. Notice of Withdrawal (to be used only when completely withdrawing from YMCA Child Care Services)

Reason for Withdrawal: _____

Last Day to Bill (10 business days' notice is required): _____

D. Program Transfer (the supervisor of the requested program will approve the transfer in Section F)

Requested Program Location: _____

Care Requested: [] Infant [] Toddler [] Preschool [] Before/After School [] PD Days/Breaks

Days Requested: [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Saturday [] Sunday

Current Program Last Day: _____ Requested Program Start Date: _____

Current Program Supervisor Signature: _____ Date: _____

E. Parent/Guardian Signature

Parent/Guardian Signature: _____ Date: _____

F. Approvals (for office use only)

Supervisor Signature: _____ Date: _____