



## Southington Community YMCA Child Care Schedule Change Form

**PLEASE NOTE:** In order to avoid being billed for unneeded care, this form must be submitted to the Y Learning Center two weeks BEFORE your requested schedule change. For example, if you plan to change your schedule in May, this form must be submitted by April 15th in order to avoid being billed in full for May.

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Child is currently registered for:

### Child is switching to:

<p><b><u>Program</u></b></p> <p><input type="checkbox"/> Nursery School</p> <p><input type="checkbox"/> Preschool Room #: _____</p> <p><input type="checkbox"/> Jumpstart</p> <p><input type="checkbox"/> Before and/or After Care AM Site Location: _____ PM Site Location: _____</p> <p><input type="checkbox"/> Naciwonki Summer Adventures Sessions: 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> AM Care (6:30 – 9) <input type="checkbox"/> PM Care (4 – 5:30)</p> <p><b><u>Schedule</u></b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> T/Th</p> <p><input type="checkbox"/> Extended Care (5:30 - 6)</p>	<p><b><u>Program</u></b></p> <p><input type="checkbox"/> Nursery School</p> <p><input type="checkbox"/> Preschool Room #: _____</p> <p><input type="checkbox"/> Jumpstart</p> <p><input type="checkbox"/> Before and/or After Care AM Site Location: _____ PM Site Location: _____</p> <p><input type="checkbox"/> Naciwonki Summer Adventures Sessions: 1 2 3 4 5 6 7 8 9 10 <input type="checkbox"/> AM Care (6:30 – 9) <input type="checkbox"/> PM Care (4 – 5:30)</p> <p><input type="checkbox"/> Please remove my child from the program entirely.</p> <p><b><u>Schedule</u></b></p> <p><input type="checkbox"/> M-F</p> <p><input type="checkbox"/> MWF</p> <p><input type="checkbox"/> T/Th</p> <p><input type="checkbox"/> Extended Care (5:30 - 6)</p>
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Effective Date for Schedule Change (noting the policy above): \_\_\_\_\_  
month / day / year

Are we cancelling your membership at the YMCA? Yes No

Reason for Change/ Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

Date Received: \_\_\_\_\_

### For Accounting Office Only:

<input type="checkbox"/> Reverse	<input type="checkbox"/> Y <input type="checkbox"/> N Cancel Membership
<input type="checkbox"/> Billing	<input type="checkbox"/> Spread Sheet
<input type="checkbox"/> Complete _____	<input type="checkbox"/> May Run Card
<input type="checkbox"/> Refund Payment	<input type="checkbox"/> Give Credit