



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Lakota Family YMCA

### **CHILD CARE PROGRAM CHANGE/WITHDRAWAL FORM**

Submit this form to the Lakota Family YMCA, Attention: Billing Department or email to [heather.branham@lakotaymca.com](mailto:heather.branham@lakotaymca.com)

**Before & After School Program, School Attending** \_\_\_\_\_

**Crayon Club**

Today's Date \_\_\_\_\_

Child/Children's Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

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

Reason for withdrawal: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

- **A one-week notice is required to reflect changes to your account and autopay.**

**Please make the following change to my child's account:**

#### **Before and After School Child Care**

#### **Crayon Club Child Care Center**

\_\_\_\_ Withdraw from Program

\_\_\_\_ Withdraw from Program

\_\_\_\_ Add AM

\_\_\_\_ Add PM

\_\_\_\_ Drop AM (Remain in PM)

\_\_\_\_ Drop PM (Remain in AM)

**NOTE:** Your request will not take effect until this form is received by the Billing Coordinator.

\_\_\_\_ Please initial here if you would like to receive email confirmation of the change.

**Office Use:**

**Staff Receiving form:** \_\_\_\_\_

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