



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

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: _____