



Processed on : _____ By: _____

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6703 Yankee Rd. , Liberty Township Ohio 45044 (513) 779-3917

Lakota Family YMCA

SCHOOL AGE CHILD CARE PROGRAMS CHANGE/WITHDRAWAL FORM

ONE FORM PER CHILD PLEASE

Today's Date ____ / ____ / ____

School Attending: _____ Current Schedule AM PM BOTH

Child's Full Name: _____

Parent/Guardian's Name: _____

Billing Address: _____

Last 4 of CC Number to be used on file: _____

Full Credit Card # if not on file: _____ - _____ - _____ - _____ EXP ____/____

Email Address: _____

Phone or Cell #: () _____

Reason for withdrawal or change: _____

Last Date of attending program: _____

First date of schedule change: _____

School Age Child Care - A one-week notice is required to reflect changes to your account

School's Out Camp -A 3 business day notice is required to cancel prior to the registered date

Before /After School Childcare

School's Out Camp

___ Withdraw from Program

___ Withdraw Date ____ / ____ / ____

___ Add AM

___ Register Date ____ / ____ / ____

___ Add PM

___ Drop AM (Remain in PM)

** A 3 Day notice is required prior to registered date to receive a refund*

___ Drop PM (Remain in AM)

Form must be submitted to the Billing Department at

heather.branham@lakotaymca.com.

You will receive an receipt or email once approved