



Received on : _____ By: _____

Lakota Family YMCA
SCHOOL AGE CHILD CARE PROGRAMS CHANGE/WITHDRAWAL FORM
ONE FORM PER CHILD

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: _____

IMPORTANT INFORMATION:

- ♦ **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

___ Withdraw from Program

___ Add AM

___ Add PM

___ Drop AM (Remain in PM)

___ Drop PM (Remain in AM)

School's Out Camp

___ Withdraw Date ____/____/____

___ Register Date ____/____/____

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

Form must be submitted to the Finance Department at
Kathy.Joiner@LakotaYMCA.com