



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lakota Family YMCA

CHILD CARE PROGRAM CHANGE/WITHDRAWAL FORM

Today's Date ____ / ____ / 2021

School Site Attending: _____

Child 1: _____

Child 2: _____

Parent/Guardian's Name: _____

Billing Address: _____

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

Email Address: _____

Phone #: _____

Reason for withdrawal or change: _____

Last Date of attending or first date of change : _____

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

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

Before /After School Childcare

____ Withdraw from Program

____ Add AM

____ Add PM

____ Drop AM (Remain in PM)

____ Drop PM (Remain in AM)

Form must be submitted to Heather Branham at
heather.branham@lakotaymca.com. You will receive an e-mail/receipt
once this is processed.

Form Filled out by YMCA Staff Member: _____