



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Lakota Family YMCA

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

Today's Date \_\_\_\_ / \_\_\_\_ / 2020

Before and After School Site: \_\_\_\_\_

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

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

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

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

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

Last Date of attending or first date of change : \_\_\_\_\_

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

### **Before /After School Childcare**

\_\_\_ Withdraw from Program

\_\_\_ Add AM

\_\_\_ Add PM

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

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

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

**Office Use:**

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

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