



YMCA OF SNOHOMISH COUNTY CHILD CARE CHANGE REQUEST FORM

Child's Name: _____ Branch: _____

Address: _____

Parent/Guardian: _____ Phone: _____

Check here if this is a new address

Effective date for change(s): ____/____/____

Site Location Change	
From Current Branch:	_____
To New Branch:	_____
From Current Site:	_____
To New Site:	_____
From Current Classroom:	_____
To New Classroom:	_____

Payment Option Change		
	From	To
Year Round Payment Option (option open only until Nov. 30)	<input type="checkbox"/>	<input type="checkbox"/>
School Year Payment Option (option open only until Nov. 30)	<input type="checkbox"/>	<input type="checkbox"/>
School Day Payment Option	<input type="checkbox"/>	<input type="checkbox"/>

Schedule Change		
	Drop	Add
Before Care Only	<input type="checkbox"/>	<input type="checkbox"/>
After Care Only	<input type="checkbox"/>	<input type="checkbox"/>
Before/After Care	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Before Care	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten After Care	<input type="checkbox"/>	<input type="checkbox"/>
Kindergarten Before/After Care	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Full Time (4-5 days)	<input type="checkbox"/>	<input type="checkbox"/>
Early Childhood Part Time (M T W TH F)	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Payment Change		
	From	To
DSHS	<input type="checkbox"/>	<input type="checkbox"/>
Standard	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card *	<input type="checkbox"/>	<input type="checkbox"/>
Bank Draft *	<input type="checkbox"/>	<input type="checkbox"/>

* Bank/Credit Card Draft Authorization Form required 15 days prior to change.

Withdrawal (15 days written notice required)	
Child's Last Day:	_____
Reason:	_____
I wish to cancel my Bank Draft for:	<input type="checkbox"/> Child Care <input type="checkbox"/> Membership (cancellation form required)

Vacation (Year Round: Allowed up to a 2-wk vacation at 100% discounted rate with a 2-wk notice after 4 mos. attendance / School Year: Allowed up to a 2-wk vacation at 50% discounted rate with a 2-wk notice after 4 mos. attendance)	
Start Date:	_____
Return Date:	_____

Parent's Signature

Date

Illness (50% credit granted after missing 5 consecutive days; accompanied by a written doctor's note)	
First Day Out:	_____
Return Date:	_____