



# YMCA OF SNOHOMISH COUNTY CHILD CARE CHANGE FORM

**YMCA of Snohomish County Child Care Change Policy:** The YMCA recognizes that there may be circumstances under which a member may need to make changes to their child care. The following policy is consistent for all branches of YMCA of Snohomish County. Accordingly, the YMCA allows for the following: Members making changes to their child care must submit a written request to the Child Care Director at least **15 days prior** to their desired change date. All upgrades require first month's payment at time of processing. All checking or savings account changes must be accompanied by a voided check or savings account statement from the new account. Signature must be supplied to process any change in bank draft. Any exceptional circumstances will be handled on a case-by-case basis with the Child Care Director or their designee. Child care billing runs on the school year calendar, September 1-August 31.

**Plan Option Changes:**

- Year Round Plan Option available only until September 30
- School Year Plan Option available only until November 30

**Vacation: Available after 4 months of attendance with 2 weeks' notice:**

- Year Round Option: Allowed up to a 2 week vacation at a 100% discounted rate
- School Year Option: Allowed up to a 2 week vacation at a 50% discounted rate
- School Days Only Option: No Vacation offered at discounted rate.

*Please note: Your vacation will be refunded to you via form of payment. No drafts will be adjusted.*

**Illness Policy:** 50% credit granted after missing five consecutive days. Must be accompanied by a doctor's note.

**Membership cancellation is separate. Please fill out a Membership Cancellation Form at Member Services.**

<input type="checkbox"/> Everett <input type="checkbox"/> Marysville <input type="checkbox"/> Mill Creek <input type="checkbox"/> Monroe <input type="checkbox"/> Mukilteo <input type="checkbox"/> Stanwood-Camano			
<b>Child's Information</b>			
First Name:	MI:	Last Name:	Date of Birth:
Address:		City:	State:      Zip Code:
Parent's Cell Phone (with area code):		Member #:	
<b>Please check all that apply ✓      Note: payment due at time of upgrade</b>			
<input type="checkbox"/> <b>Plan Option Change</b>	Current Plan:	New Plan:	
<input type="checkbox"/> <b>Payment Option Change</b>	Current Payment Option:	New Payment Option:	
<input type="checkbox"/> <b>New Bank Acct*</b> <small>*must provide voided check</small>	Checking Account #:	Routing #:	
<input type="checkbox"/> <b>New Credit/Debit Card</b>	Credit/Debit #:	Exp. Date (MM/YY):	
<input type="checkbox"/> <b>Location Change</b>	Current Location:	New Location:	
<input type="checkbox"/> <b>Schedule Change</b>	Current Schedule:	New Schedule:	
<input type="checkbox"/> <b>Vacation</b>	Start Date:	End Date:	
<input type="checkbox"/> <b>Withdrawal*</b> <small>*15 Days Written Notice Required</small>	Last Day:	Reason for Withdrawal:	
<input type="checkbox"/> <b>Other</b>			

Parent/Guardian Name (Please Print Clearly)

Parent/Guardian Signature

Date

**For Office Use Only**

Staff Name \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Effective Date \_\_\_\_\_ Payment Recd \_\_\_\_\_