



Customer Service Center-651 Nicollet Mall, Suite 500, Minneapolis, MN 55419

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YMCA of the North Summer Programs Change/Cancellation Form

Branch/Site Name: _____

Parent/Guardian Full Name: _____

Email Address: _____ Home Phone: _____

Child Full Name: _____

For safety and quality of the program, all changes must be received by Monday, two weeks prior to program session week. All pricing and policies related to changes and/or cancellation may be found in your Parent Handbook. Handbook may be located on www.ymcanorth.org.

Type of Change:

Specific Week Schedule

Week Of: _____

Week Of: _____

New Schedule

- Mon
- Tues
- Wed
- Thurs
- Fri

Permanent Weekly Schedule

Begins Week of: _____

New Schedule

- Mon
- Tues
- Wed
- Thurs
- Fri

Add-On Specific Week (s)

Week Of: _____

Week Of: _____

Schedule

- Mon
- Tues
- Wed
- Thurs
- Fri

Cancellation Specific Week (s)

Week Of: _____

Week Of: _____

Cancellation Entire Program

Effective Week of: _____

- Cancel All

By signing below, I am authorizing the changes and/or cancellation indicated above and agrees to pay for any fees associated with change or cancellation per program policies.

Parent/Guardian Signature: X _____