

(P) 612 230 9622 (F) 612 223 6322

YMCA of Greater Twin Cities Childcare Programs Change/Cancellation Form

		Program Name: Today's Date:		
				session week. All pri Handbook. Please re to the regular session
	change – Specific Week Change - Permanent	Add-On – Specific \ Cancel – Permanen		
Effective Date of	of Change:	(MM/DD/YY)		
AM Sc	<u>hedule</u>	PM So	<u>chedule</u>	
Current Daily Sched	ule: New Daily Schedule:	Current Daily Sch	nedule: New Daily Schedule	
Mon	Mon	Mon	Mon	
Tue	Tue	Tue	Tue	
Wed	Wed	Wed	Wed	
Thu	Thu	Thu	Thu	
Fri	Fri	Fri	Fri	
arent Name			By signing below, I am authorizing the changes or cancellations indicated above and agree to pay for any fees associated with change.	
Address				
ty, State, Zip		×		
mail Address			Parent/Guardian Signature	
ome Phone		_		
ayment information: \Box C	heck Attached Credit Card:	Visa Master Card Dis	cover Amex	