



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# SCHEDULE CHANGE FORM YMCA CHILDREN'S ACADEMY

Child's Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Name \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Requested Date of Change\* \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Two weeks notice is required for any schedule changes.

My child is currently enrolled in the following days:  Monday  Tuesday  Wednesday  Thursday  Friday

What change are you requesting?

- I would like to add to the number of days my child is attending
- I would like to reduce the number of days my child is attending
- I would like to switch the days my child is attending
- I would like to terminate my child's enrollment

Please indicate the desired enrollment days for your child:  Monday  Tuesday  Wednesday  Thursday  Friday

Approximate Drop Off Time \_\_\_\_:\_\_\_\_  AM  PM

Approximate Pick Up Time \_\_\_\_:\_\_\_\_  AM  PM

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Signature of Parent/Guardian

Date