



# 4K Wrap Care & Y BASE Change/Cancellation Form

School District of Elmbrook

Use this form only if child is already registered. Please use a separate form for each child.

**All changes must be completed on the Wednesday 2 weeks prior to the start of the next session.**

Child's Name \_\_\_\_\_ School Location \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email \_\_\_\_\_

### CANCEL 2-WEEK SESSION

Requested Cancellation Date \_\_\_\_\_

Reason for Cancellation \_\_\_\_\_

Permanent Cancellation     Temporary Cancellation for session(s) \_\_\_\_\_

### CHANGE ATTENDANCE    4K Wrap Care    Y BASE

Current Dates	AM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	PM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
New Dates	AM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	PM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

Permanent Change     Temporary Change for session(s) \_\_\_\_\_

4K WRAP CARE PRICING		2 DAYS FIXED (T & TH)	3 DAYS FIXED (M, W, F)	5 DAYS
AM or PM Care	Bi-Weekly Total	\$120	\$156	\$220

  

Y BASE PRICING		1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
AM Only Care	Bi-Weekly Total	\$21	\$42	\$63	\$84	\$105
PM Only Care	Bi-Weekly Total	\$26	\$52	\$78	\$104	\$130
AM & PM Care	Bi-Weekly Total	\$47	\$94	\$141	\$188	\$225

Please submit to West Suburban Y Business Desk or registrar@gwcymca.org.

Changes and cancellations will be made according to the registration and change deadlines. You will receive a confirmation email once your child's enrollment has been updated. Please allow 3 - 5 business days for processing.

I authorize the YMCA of Greater Waukesha County to adjust my regular payment based on the cancellation or change listed above using the payment method on file.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

START DATE

EFFECTIVE DRAFT DATE

DATE RECEIVED

STAFF INITIALS

Schedule     Enrollment     Confirmation