



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	\$20	\$40	\$60	\$80	\$100
PM Only Care	Bi-Weekly Total	\$25	\$50	\$75	\$100	\$125
AM & PM Care	Bi-Weekly Total	\$43	\$86	\$129	\$172	\$215

Please submit to West Suburban Y Business Desk or wsregistrar@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