



# Y TIME Change/Cancellation Form

Hadfield Elementary

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

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) \_\_\_\_\_

Y BASE PRICING (Bi-weekly tuition fee per child.)		1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
AM Only	Member	\$18	\$34	\$48	\$60	\$70
	Program Participant	\$27	\$51	\$72	\$90	\$105
PM Only	Member	\$32	\$60	\$84	\$104	\$120
	Program Participant	\$48	\$90	\$126	\$156	\$180
AM & PM	Member	\$50	\$94	\$132	\$164	\$185
	Program Participant	\$75	\$141	\$198	\$246	\$275

\* Early Release and School's Out Fun Days are a separate registration.

**Please submit to the Waukesha Y Business Desk or via email at [registrar@gwcymca.org](mailto: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