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

<table>
<thead>
<tr>
<th>Current Dates</th>
<th>PM</th>
<th>☐ Mon</th>
<th>☐ Tues</th>
<th>☐ Wed</th>
<th>☐ Thurs</th>
<th>☐ Fri</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ Permanent Change  ☐ Temporary Change for session(s) ______________________

Y BASE PRICING

<table>
<thead>
<tr>
<th></th>
<th>1 DAY</th>
<th>2 DAYS</th>
<th>3 DAYS</th>
<th>4 DAYS</th>
<th>5 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>Members</td>
<td>$32</td>
<td>$60</td>
<td>$84</td>
<td>$104</td>
</tr>
<tr>
<td>PM</td>
<td>Program Participants</td>
<td>$48</td>
<td>$90</td>
<td>$126</td>
<td>$156</td>
</tr>
</tbody>
</table>

☐ STEM Randall  ☐ STEM Saratoga

* Early Release and School’s Out Fun Days are a separate registration

Please submit to Waukesha Y Business Desk or via email at 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 ___________________________

☐ Schedule  ☐ Enrollment  ☐ Confirmation

DATE RECEIVED ___________________________ STAFF INITIALS ___________________________