



# Y BASE Change/Cancellation Form

East Troy, Mukwonago, and Washington-Caldwell School Districts

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		1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
AM Only	Fees Per Week	\$7	\$14	\$21	\$28	\$33
PM Only	Fees Per Week	\$12	\$24	\$36	\$48	\$56
AM & PM	Fees Per Week	\$18	\$36	\$54	\$72	\$84

\* Half Days and School's Out Fun Days are a separate registration

Please submit to Mukwonago Y Business Desk or via email at [mkregistrar@gwcymca.org](mailto:mkregistrar@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