



Y BASE Change/Cancellation Form

Waukesha School District | Meadowbrook

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	Bi-Weekly Fee Per Child	\$18	\$30	\$41	\$53	\$59
PM only	Bi-Weekly Fee Per Child	\$26	\$43	\$60	\$77	\$86
AM & PM	Bi-Weekly Fee Per Child	\$44	\$73	\$101	\$130	\$145

* Early Release and School's Out Fun Days are a separate registration. For information about drop-in care, please contact the Waukesha YMCA Registrar.

Please submit to Waukesha Y Business Desk or via email at WKRegistrar@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