



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SCHEDULE CHANGE FORM YMCA CHILD CARE CENTER

Child's Name _____ DOB ____/____/____

Parent's Name _____ Today's Date ____/____/____

Requested Date of Change* ____/____/____

*Two weeks notice is required for any schedule changes.

My child is currently enrolled in the following days: Monday Tuesday Wednesday Thursday Friday

What change are you requesting?

- I would like to add to the number of days my child is attending
- I would like to reduce the number of days my child is attending
- I would like to switch the days my child is attending
- I would like to terminate my child's enrollment

Please indicate the desired enrollment days for your child: Monday Tuesday Wednesday Thursday Friday

Approximate Drop Off Time ____:____ AM PM

Approximate Pick Up Time ____:____ AM PM

Signature of Parent/Guardian

Date