



EARLY LEARNING CENTER CHANGE FORM

YMCA of Downtown Manchester • YMCA Allard Center of Goffstown • YMCA of Concord
YMCA of Strafford County • The Granite YMCA of Somersworth • YMCA of Greater Londonderry

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Branch (please select the branch that this form is impacting):

- | | | |
|--|--|--|
| <input type="checkbox"/> YMCA of Downtown Manchester | <input type="checkbox"/> YMCA Allard Center of Goffstown | <input type="checkbox"/> YMCA of Concord |
| <input type="checkbox"/> YMCA of Strafford County | <input type="checkbox"/> The Granite YMCA of Somersworth | <input type="checkbox"/> YMCA of Greater Londonderry |

Program (please select the program that this form is impacting):

Early Learning Programs

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Infant I | <input type="checkbox"/> Infant II | <input type="checkbox"/> Toddler I | <input type="checkbox"/> Toddler II |
| <input type="checkbox"/> Toddler III | <input type="checkbox"/> Preschool I | <input type="checkbox"/> Preschool II | <input type="checkbox"/> Pre-K |

Kindergarten Programs

- | | | |
|--|--|--|
| <input type="checkbox"/> Kindergarten AM | <input type="checkbox"/> Kindergarten PM | <input type="checkbox"/> Kindergarten After Care |
|--|--|--|

Changes (must be submitted two weeks prior in order to take effect):

- | | | |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Program add (effective date): _____ | <input type="checkbox"/> From: _____ | <input type="checkbox"/> To: _____ |
| <input type="checkbox"/> Add Kindergarten Extra Care (date to be added): _____ | <input type="checkbox"/> AM \$30 | <input type="checkbox"/> PM \$30 |
| <input type="checkbox"/> Vacation* (dates): _____ | <input type="checkbox"/> Week 1 | <input type="checkbox"/> Week 2 |
| <i>*Vacation weeks vary by program.</i> | | |
| <input type="checkbox"/> Withdrawal from program (effective date): _____ | | |

A two week written notice is required when withdrawing from a program. Verbal notification to child's counselor/teacher is not sufficient notice for withdrawal. Parent/Guardian is financially responsible for the last two weeks tuition.

Select Reason for Withdrawal:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Cost of Program | <input type="checkbox"/> Dissatisfied with Program | <input type="checkbox"/> Moved | <input type="checkbox"/> Program did not meet my child's specific accommodations |
| <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Job Loss | <input type="checkbox"/> Injury/Illness | <input type="checkbox"/> Other _____ |

Automatic withdrawal from free facility membership

Late Pick Up

- | | | | |
|---------------------------------------|-------------|-------------|---------------------|
| <input type="checkbox"/> Late pick up | Date: _____ | Time: _____ | Total Due: \$ _____ |
|---------------------------------------|-------------|-------------|---------------------|

All children must be picked up by program close. We assess a fee of \$15 for the first fifteen minutes with an additional \$5 charged per every five minute segment thereafter.

Absences

- | | | |
|--|-------------|--|
| <input type="checkbox"/> Absent no call charge | Date: _____ | In accordance with our policy, you will be charged \$25. |
|--|-------------|--|

Fees incurred from the above change(s) will be applied to the account on file for child care services immediately upon processing.

Parent/Guardian Signature

Date

OFFICE USE ONLY Received: _____ Completed: _____