



The YMCA Allard Center of Goffstown, a branch of The Granite YMCA

# CHILD CARE CHANGE FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program (check program that this form is impacting):

**Before & After Care:**

- SOP @ Bartlett AM                       SOP @ Maple Ave PM                       KDC GL AM @ YMCA                       Pre-K @ YMCA
- SOP @ Bartlett PM                       SOP @ Maple Ave AM                       KDC GL PM @ YMCA
- SOP @ Teen Zone PM                       SOP @ YMCA PM                       KDC GL After Care @ YMCA

Please see reverse side or website for program rates

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

**Before & After Care:**

Program add (effective date): \_\_\_\_\_  Schedule change (effective date): \_\_\_\_\_

**From:**     Full Time     Part Time                      **Select Days:**     M     T     W     R     F  
**To:**         Full Time     Part Time                      **Select Days:**     M     T     W     R     F

Add SOP Extra Care (date to be added): \_\_\_\_\_  AM \$18     PM \$25

Add KDC Extra Care (date to be added): \_\_\_\_\_  AM \$30     PM \$30

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:**

- Cost of Program     Dissatisfied with Program     Moved     Program did not meet my child's specific accommodations
- Schedule Change     Job Loss     Injury/Illness     Other \_\_\_\_\_

**Late Pick Up**

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**

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