



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