



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:

- Bartlett AM @ YMCA Bartlett PM @ YMCA Maple Ave AM @ YMCA Maple Ave PM @ YMCA
- Mountain View AM @ YMCA New Boston PM @ YMCA KDC GL AM @ YMCA KDC GL PM @ YMCA
- Teen Zone @ YMCA

NEW! Full Day Discovery Academy of the Y:

- Discovery Academy @ the YMCA Discovery Academy @ Teen Zone

*Teen Zone is for grades 5 - 8. All other programs are K - 4. 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: Part Time **Select Days:** M T W R

Full Day Discovery Academy of the Y:

- 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 \$12 PM \$25

- 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:** Program cost Dissatisfied with program Relocating No longer need program
 Other _____

- 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.

- 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

Director Signature