The YMCA of Greater Londonderry, 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:

☐ Pre-K ☐ KDC / Kindergarten ☐ Golden Brook School ☐ South School
☐ North School ☐ Matthew Thornton ☐ Chester Academy ☐ Windham Academy

NEW! Full Day Discovery Academy of the Y:

Discovery Academy @ the Y (please choose a time) ☐ Full Day, 7:30 am - 5:30 pm ☐ Half Day, 8:45 am - 2:15 pm

Discovery Academy @ the Y for Windham Academy ☐ Wednesdays, 7:30 am - 5:30 pm

Discovery Academy @ the Y for Golden Brook (choose a cohort & time) ☐ Cohort 1, Last Names A - L ☐ Half Day, 8:45 am - 2:15 pm
Please see reverse side or website for program rates. ☐ Cohort 2, Last Names M - Z ☐ Full Day, 7:30 am - 5:30 pm

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

☐ **AM Care** ☐ **PM 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

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 KDC extra care (date to be added):** _____ ☐ $20

☐ **Add SOP extra care (date to be added):** _____ ☐ AM $13 ☐ PM $17

☐ **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**