



The YMCA of Strafford County, 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):

**Discovery Academy of the Y
@ the YMCA of Strafford County**

Full Day (8:00 am - 5:30 pm)

**Discovery Academy of the Y
@ the Great Bay Calvary Church in Dover**

Full Day (7:30 am - 4:30 pm)

Before & After Care:

SOP @ YMCA PM

Please see reverse side or website for program rates

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

After School 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 SOP extra care (date to be added): _____ AM \$14 PM \$22

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