



EARLY LEARNING CENTER CHANGE FORM

YMCA of Downtown Manchester • YMCA Allard Center of Goffstown • YMCA of Concord
The Granite YMCA of Somersworth • YMCA of Greater Londonderry

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone Number: _____

Branch (please select the branch that this form is impacting):

- YMCA of Downtown Manchester
- The Granite YMCA of Somersworth
- YMCA Allard Center of Goffstown
- YMCA of Greater Londonderry
- YMCA of Concord

Program (please select the program that this form is impacting):

Early Learning Programs

- Infant I
- Toddler III
- Infant II
- Preschool I
- Toddler I
- Preschool II
- Toddler II
- Pre-K

Kindergarten Programs

- Kindergarten AM
- Kindergarten PM
- Kindergarten After Care

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

- Program add (effective date): _____ From: _____ To: _____
- Add Kindergarten Extra Care (date to be added): _____ AM \$30 PM \$30
- Vacation* (dates): _____ **Vacation weeks vary by program.*
- 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 _____

Automatic withdrawal from free facility membership

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

OFFICE USE ONLY Received: _____ Completed: _____