



YMCA of St. Joseph  
 PO Box 999  
 St. Joseph, MO 64502  
 816-671-YMCA  
[www.stjoymca.org](http://www.stjoymca.org)

## CHANGE FORM SCHOOL AGE CHILD CARE PROGRAM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 School Attending: \_\_\_\_\_

### REGULAR MONTHLY SCHEDULE CHANGE

IMPORTANT!!!! One Week Notice must be given.

- Change** my child's enrollment for the remainder of the school year:

**Effective Date:**

\_\_\_\_\_

Please elaborate below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### New Schedule

**Current Schedule**

- Before School  
 After School  
 Before & After School

**New Schedule**

- Before School  
 After School  
 Before & After School

### DISENROLL - ONE-WEEK NOTICE

- Disenroll** my child for the remainder of the school year:

*(My child will be disenrolled from all childcare programs in which they are currently enrolled unless otherwise noted.)*

Last Attendance Date: \_\_\_\_\_

### SIGNATURE REQUIRED

I understand that the changes above may affect my payment amount. The new amount will continue to be charged automatically by electronic funds transfer (EFT), credit or debit card on file at the YMCA.

Responsible Party Name: \_\_\_\_\_

Please return form to one of the following:

1. Hand deliver to: Site Director
2. Email to: [jryan@stjoymca.org](mailto:jryan@stjoymca.org) or [hhirter@stjoymca.org](mailto:hhirter@stjoymca.org)

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