



## **ENROLLMENT CHANGE FORM**

*Today's Date:	_ (2 weeks notice required for disenrollment)		
Child(ren)'s Name(s):			
Parent/Guardian Name:		Phone:	
	Child Developn	NROLL FROM: nent Department - Classroom: _	
Session: (circle whic AM only (5 d PM only (5 d Before & Afte	ays) ays)	Full Time (5 days) - (Bir	th to Five Program)
Last date of attenda	nce will be:		
	Child Developn	IROLL IN: nent Department - Classroom: _	
Session: (circle whic AM only (5 d PM only (5 d Before & Afte	ays) ays)	Full Time (5 days) - (Birth to Fi	ve Program)
First date of attenda REASON FOR CHANGE:	nce will be:		
<ul> <li>Transfers will always beg availability . *The effect date of notification at effective date of change.</li> <li>Account holders that dise</li> </ul>	in on Monday follow tive date of disen the top of this fo enroll and later re-e rocessed approxim	nges with the exception of adding days t wing the request when sufficient time fo <b>nrollment will be at the end of the so</b> <b>rm.</b> Account holders are responsible for enroll will be responsible for the non-refi ately 10-14 business days after the effe- ndable.	r processing is given and based on econd week after the written r accrued charges up to the undable registration fee.
Parent/Guardian Signature	Date	YMCA Staff Signa	ature Date
		Supervisor Signa	ture Date
Internal YMCA use only:		Billing: weekly or bi-we Effective date of change:	
Processed by:	Date		