



ENROLLMENT CHANGE FORM

*Today's Date: _____ (2 weeks notice required for disenrollment)

Child(ren)'s Name(s): _____

Parent/Guardian Name: _____ Phone: _____

I WOULD LIKE TO:

TRANSFER FROM or **DISENROLL FROM:**

- ELC - Downtown Y Classroom: _____
- ELC - Green Valley Classroom: _____
- B.A.S.E. Site: _____

Session: (circle which applies)

- | | | |
|-------------------------|----------------------------|--------------------|
| AM only (5 days) | PT AM (3 days) | Full Time (5 days) |
| PM only (5 days) | PT PM (3 days) | Part Time (3 days) |
| Before & After (5 days) | PT Before & After (3 days) | |

Last date of attendance will be: _____

TRANSFER TO or **RE-ENROLL IN:**

- ELC - Downtown Y Classroom: _____
- ELC - Green Valley Classroom: _____
- B.A.S.E. Site: _____

Session: (circle which applies)

- | | | |
|-------------------------|----------------------------|--------------------|
| AM only (5 days) | PT AM (3 days) | Full Time (5 days) |
| PM only (5 days) | PT PM (3 days) | Part Time (3 days) |
| Before & After (5 days) | PT Before & After (3 days) | |

First date of attendance will be: _____

REASON FOR CHANGE:

- A \$10 change fee will be applied for all changes with the exception of adding days to your child's schedule.
- Transfers will always begin on Monday following the request when sufficient time for processing is given and based on availability . ***The effective date of disenrollment will be at the end of the second week after the written date of notification at the top of this form.** Account holders are responsible for accrued charges up to the effective date of change.
- Account holders that disenroll and later re-enroll will be responsible for the non-refundable registration fee.
- Refunds/credits will be processed approximately 10-14 business days after the effective date.
- If re-enrolling or transferring, account holders must submit a new tuition agreement upon the effective date of change.
- Deposits and registration fees are non-refundable.

Parent/Guardian Signature Date

YMCA Staff Signature Date

Supervisor Signature Date

Internal YMCA use only:

Billing: weekly, bi-weekly, or monthly (circle)

Effective date of change: _____ Balance due: _____

Processed by: _____ Date