

Child's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**IMPORTANT! All changes MUST be received by Monday, one week prior to the change.**

**FULL DAY PRESCHOOL PROGRAM**

- CHANGE** my child/ren's enrollment for the remainder of the school year:      **Effective Date:** \_\_\_\_\_
- DIS-ENROLL** my child for the remainder of the school year:      **Effective Date:** \_\_\_\_\_  
 (My child will be dis-enrolled from the all childcare programs in which they are currently enrolled unless otherwise noted.)
- ADD** my child for the following date's only:      **Date/s:** \_\_\_\_\_
- REMOVE** my child for the following date/s only:      **Date/s:** \_\_\_\_\_

| CURRENT SCHEDULE                                     |                                    |
|--|------------------------------------|
| Program  | Days                               |
| <input type="checkbox"/> Full Day                    | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> After AM Kindergarten       | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Before PM Kindergarten      | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Before & After Kindergarten | <input type="checkbox"/> Thursday  |
|  | <input type="checkbox"/> Friday    |

| NEW SCHEDULE   |                                    |
|--|------------------------------------|
| Program  | Days                               |
| <input type="checkbox"/> Full Day                    | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> After AM Kindergarten       | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Before PM Kindergarten      | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Before & After Kindergarten | <input type="checkbox"/> Thursday  |
|  | <input type="checkbox"/> Friday    |

**BEFORE & AFTER SCHOOL PROGRAM**

- CHANGE** my child/ren's enrollment for the remainder of the school year:      **Effective Date:** \_\_\_\_\_
- DIS-ENROLL** my child for the remainder of the school year:      **Effective Date:** \_\_\_\_\_  
 (My child will be dis-enrolled from the all childcare programs in which they are currently enrolled unless otherwise noted.)
- ADD** my child for the following date's only:      **Date/s:** \_\_\_\_\_
- REMOVE** my child for the following date/s only:      **Date/s:** \_\_\_\_\_

| CURRENT SCHEDULE                               |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| Program  | Location                            | Days                               |
| <input type="checkbox"/> Before School         | <input type="checkbox"/> YMCA       | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> After School          | <input type="checkbox"/> Imagine    | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Before & After School | <input type="checkbox"/> Twin Peaks | <input type="checkbox"/> Wednesday |
|  | <input type="checkbox"/> CVA        | <input type="checkbox"/> Thursday  |
|  | <input type="checkbox"/> St John's  | <input type="checkbox"/> Friday    |

| NEW SCHEDULE                                   |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| Program  | Location                            | Days                               |
| <input type="checkbox"/> Before School         | <input type="checkbox"/> YMCA       | <input type="checkbox"/> Monday    |
| <input type="checkbox"/> After School          | <input type="checkbox"/> Imagine    | <input type="checkbox"/> Tuesday   |
| <input type="checkbox"/> Before & After School | <input type="checkbox"/> Twin Peaks | <input type="checkbox"/> Wednesday |
|  | <input type="checkbox"/> CVA        | <input type="checkbox"/> Thursday  |
|  | <input type="checkbox"/> St John's  | <input type="checkbox"/> Friday    |

- 1) I understand that there is a **\$10 schedule change fee** that will be added to my account.
- 2) I understand that if I have chosen the automatic payment option, my account will be charged immediately for any additional charges for the current month. It will also be charged for the schedule change fee.
- 3) I understand that if the charges create a credit on my account, the credit will be applied to the next month's fees.
- 4) I understand that if I am dis-enrolling my child, refunds will be credited to my account on file, or a check will be mailed to me.

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

**Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return form to one of the following:**

- 1 **Hand Deliver to:** Site Director
- 2 **Fax:** 303-827-2255
- 3 **Email:** wward@longmontymca.org
- 4 **Mail to:** Longmont YMCA, Attn: Wanda 950 Lashley St., Longmont, CO 80504

Received \_\_\_\_\_ \$10 \_\_\_\_\_