

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 _____