



Before & After School Care Change/Cancellation Form

Use this form only if child is already registered. Please use a separate form for each child.
All changes/cancellations must be completed on the 1 week prior to the next scheduled payment.

Child's Name _____ Child's School _____

Parent/Guardian Name _____ Email _____

CANCEL 2-WEEK SESSION

Requested Cancellation Date _____

Reason for Cancellation _____

Permanent Cancellation Temporary Cancellation for session(s) _____

CHANGE ATTENDANCE

Current Dates	AM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	PM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
New Dates	AM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri
	PM	<input type="checkbox"/> Mon	<input type="checkbox"/> Tues	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri

Permanent Change Temporary Change for session(s) _____

Please submit to your local YGWC Business Desk or via email at registrar@gwcmca.org.

Changes and cancellations will be made according to the registration and change deadlines. You will receive a confirmation email once your child's enrollment has been updated. Please allow 3 - 5 business days for processing.

I authorize the YMCA of Greater Waukesha County to adjust my regular payment based on the cancellation or change listed above using the payment method on file.

Parent/Guardian Signature _____ Date _____

For Office Use Only

START DATE

EFFECTIVE DRAFT DATE

DATE RECEIVED

STAFF INITIALS

Schedule Enrollment Confirmation