



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp Change/Drop Request Form

Check all changes that apply: ☐ Enrollment Change ☐ Drop Enrollment
☐ Change of Bank/Card Account

For Office Use Only:

Customer ID	Processed By	Date Processed
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Child's Name (one form per child)	Location
Primary Guardian Name	Primary Phone Number

Enrollment Change - One week notice is required.

Transfer From:

Transfer To:

Week _____ Location _____ Week _____ Location _____
Date Date Date Date

Week _____ Location _____ Week _____ Location _____
Date Date Date Date

Week _____ Location _____ Week _____ Location _____
Date Date Date Date

Drop Request - One week notice is required.

Week _____ Location _____
Date

Week _____ Location _____
Date

Week _____ Location _____
Date

\$9 weekly registration fee is non-refundable.

EFT Authorization

I authorize weekly payments from the card/bank information below. I understand the automatic drafts occur each Friday prior to the week of Summer Day Camp.

☐ Checking ☐ Savings A VOIDED CHECK MUST BE ATTACHED TO THIS FORM

☐ Credit/Debit Card LAST FOUR DIGITS _____ Exp Date ____/____
Mo Yr

(full card number must be saved to online account by parent, in person at the Youth Development Services Office, or by contacting the Business Administration Team at 816.360.3390)

Payer Signature _____ Date _____

Fax To: 816.931.1847

For questions, please email YClubSupport@KansasCityYMCA.org