



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Y Club Before and After School Change/Drop Request Form

Check all changes that apply: Enrollment Change Drop Enrollment
 Adding Auto-draft Drop From EFT
 Change of bank/card account

For Office Use Only:

| | |
|--------------|---|
| Customer ID | Multi-Site Coordinator Signature and Date |
| Processed By | Date Processed |

| | |
|-----------------------------------|----------------------|
| Child's Name (one form per child) | Location |
| Primary Guardian Name | Primary Phone Number |

Enrollment Change

Current Enrollment

- Before After Before & After
 Full-Time Part-Time (Please indicate days)
 M Tu W Th F

This change will be effective on _____.
 (date)

\$25.00 Administration Fee must be paid at time of change request submission

New Enrollment

- Before After Before & After
 Full-Time Part-Time (Please indicate days)
 M Tu W Th F

(Part-time: care is 1 to 3 set days per week)

(Full-time: care is 4 to 5 set days per week)

Drop Request

My child's last day at Y Club will be on _____

Please state reason for drop: _____

\$25 re-application fee will be charged for each child if re-enrolled is Y Club within same school year.

EFT Authorization

I authorize weekly payments from the card/bank information below. I understand the automatic drafts occur each Sunday prior to the week of Y Club. (If at any time you remove yourself from automatic draft, payment will be due one week in advance of the week of Y Club)

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)

Drop from EFT

Change Fee Due Today \$ _____

Check is attached

Please charge card ending in _____

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

Payer Signature _____ Date _____