the YMCA

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

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 _____ (Date) Location _____ Week _____ (Date) Location _____

Week _____ (Date) Location _____ Week _____ (Date) Location _____

Week _____ (Date) Location _____ Week _____ (Date) Location _____

$20 Deposit is due per week of transfer.

Drop Request – One week notice is required.

Week _____ (Date) Location _____

Week _____ (Date) Location _____

Week _____ (Date) Location _____

$20 deposit 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)

Deposits Due Today: # Weeks _____ x $20 = $ _____ .

☐ 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** _____

Fax To: 816.931.1847