



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 _____ Location _____ <small style="margin-left: 40px;">Date</small> | Week _____ Location _____ <small style="margin-left: 40px;">Date</small> |
| Week _____ Location _____ <small style="margin-left: 40px;">Date</small> | Week _____ Location _____ <small style="margin-left: 40px;">Date</small> |
| Week _____ Location _____ <small style="margin-left: 40px;">Date</small> | Week _____ Location _____ <small style="margin-left: 40px;">Date</small> |

\$20 Deposit is due per week of transfer.

Drop Request - One week notice is required.

| |
|---|
| Week _____ Location _____ <small style="margin-left: 40px;">Date</small> |
| Week _____ Location _____ <small style="margin-left: 40px;">Date</small> |
| Week _____ Location _____ <small style="margin-left: 40px;">Date</small> |

\$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** _____