



**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)	Current Location
Primary Guardian Name	Primary Phone Number

**Enrollment Change - One week notice is required.**

**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).

**New Enrollment Location** \_\_\_\_\_

- 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)

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

**Drop Request - One week notice is required.**

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 \_\_\_\_\_**