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:

Week _____ Location _____
Date

Week _____ Location _____
Date

Week _____ Location _____

Transfer To:

Week _____ Location _____
Date

Week _____ Location _____
Date

Week _____ Location _____
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