



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Marin YMCA Child Care Schedule Change Request Brookside Upper

All Cancellations or reduction of days must be made in writing on this form **two weeks** in advance. All increase of days or switching of days must be approved by the Site Director. Verbal notice will not be acceptable.

Child's Name _____ Parents Name _____

Start Date _____ Date of Notice _____

Schedule Change

Original Days (please circle)

Afternoon Care	Original Days
1 day	Monday
2 day	Tuesday
3 day	Wednesday
4 day	Thursday
5 day	Friday

New Schedule (please circle)

Afternoon Care	Original Days
1 day	Monday
2 day	Tuesday
3 day	Wednesday
4 day	Thursday
5 day	Friday

Cancellation Notice

Last Day of Attendance: _____

Reason for cancellation

Comments of your experience with the Y is greatly appreciated! _____

- resident change
- job related
- sports/enrichment program
- attends different child care program
- child out grown program
- dissatisfied with program (please comment)
- other

Office Use Only: ID# _____ Date Entered: _____