



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST SCHOOL -AGE CARE PROGRAM 2016-2017 PROGRAM CHANGE OR CANCELLATION FORM

Written notice must be received by our business office on or before the **27th** of the month prior in order to change/cancel monthly billing. Change/Cancellation requests received after the 27th of the month will be processed for 2 months out. Third Party Agencies do not cover late fees or fees accrued due to inaccurate registration or lack of cancellation on the part of the parent. Refunds are subject to a \$5 processing fee. 5-visit Packages are non-refundable.

Please complete form and submit by one of the following ways:

Mail: 1126 N Monroe—Spokane, WA 99201 Fax: 509.343.4096 Email: ymca@ymcaspokane.org

Business Office Hours are Monday—Friday 8:30am to 4:30pm (except holidays)

Child's Name _____

School _____

<input type="checkbox"/> Program Change		<input type="checkbox"/> Re-Registration		Start Date:
Previous Program	Site	Program		
New Program	Site	Program		
Program Payment \$				

<input type="checkbox"/> Cancel from Program
Last Day of Attendance:
Program Canceling out of:
Reason for Canceling: <input type="checkbox"/> Change in Employment <input type="checkbox"/> Moving <input type="checkbox"/> Site Concerns <input type="checkbox"/> Other
Comments: _____

<input type="checkbox"/> Monthly Auto Pay		<input type="checkbox"/> One-time Payment	
Auto Pay for Monthly Program: <input type="checkbox"/> Add <input type="checkbox"/> Change or <input type="checkbox"/> Cancel Auto Pay			Effective Date:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
Card Number	EXP	Name on Card	

Signature _____ Date _____

Date Received: _____ Staff Initials: _____ Amount Paid \$ _____ Date Entered: _____ Staff Initials: _____