



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)	Location
Primary Guardian Name	Primary Phone Number

Enrollment Change

Current Enrollment <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (Please indicate days) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F This change will be effective on _____ . (date)	New Enrollment <input type="checkbox"/> Before <input type="checkbox"/> After <input type="checkbox"/> Before & After <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (Please indicate days) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F (Part-time: care is 1 to 3 set days per week) (Full-time: care is 4 to 5 set days per week)
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\$25.00 Administration Fee must be paid at time of change request submission

Drop Request

My child's last day at Y Club will be on _____

\$25 re-application fee will be charged for each child if re-enrolled in 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 _____