



Today's Date: _____

YMCA's of Greater St. Paul & Metropolitan Minneapolis **SUMMER PROGRAMS CHANGE FORM**

Changes must be submitted for processing in writing by Monday, one week prior to your child's session week. Cancellations of days/weeks will not be accepted after this time. Only additional days with a \$10.00 late fee will be accepted after Monday, one week prior assuming there is space available. If you are requesting a change to a different Branch, a new registration form must be submitted for the new location.

Participant Name (s): _____ Program Name: _____
Branch / Site Location: _____

Choose Type of Change:

- Session Week Change
- Session Week Addition
- Change Program Type
- Change # of Days per week
- Before / After Care Change (Add / Delete)
- Change / Add Emergency Contacts

Describe Type of Change Required:

For all changes / additions above, please indicate specific weeks-days for affected change in the narrative box on the right. Please be specific and detailed in description.

Cancellation Request: (Registration / Deposit Fee Non-Refundable)

- Cancellation of Program
- Cancellation of Week (s)

Parent Name _____
Address _____
City, State, Zip _____
Email Address _____
Phone _____

By signing below, I am authorizing the changes or cancellation indicated above.

X _____
Parent / Guardian
Signature

Payment information: Check Enclosed Weekly EFT via Credit Card: **Visa MasterCard Discover Amex**
Card Holder Name: _____ Card Number _____ Exp. Date _____
I agree to pay above total amount according to card issuer agreement. **X** _____