



**Before & After  
School Enrichment**  
Y of Central Maryland  
It's deeper here.®

## Change in Care Request Form

Please use this form if you wish to change the type of care your child is enrolled in, or to cancel for your child at the Y of Central Maryland. **This form should be submitted to the Billing Office two (2) weeks prior to the desired date of change/cancellation.**

- **Credits** are valid for one year. Credits will not be issued in cases of a child's suspension for disciplinary reasons. In cases of misconduct, credit/refunds will be given on a case by case basis.
- **Refunds:** If paid by credit card will be refunded to credit card; if paid by cash or check will be refunded by check. **Refunds are subject to \$10 service charge.**
- Credit/Refunds are not applicable to deposits or registration fees for child care.
- Specials Days, programs, snow days, Y clubs and programs, and membership have separate credit/refund policies.

**Child's Name:** \_\_\_\_\_ **School/Site:** \_\_\_\_\_  
**Parent/Caregiver Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
\_\_\_\_\_

Type of care your child is **CURRENTLY ENROLLED** in (*ex. full time, part time, before, after, etc.*):  
\_\_\_\_\_

I wish to **SWITCH** my Child Care to: \_\_\_\_\_

(OR)

I wish to **CANCEL** my child's Y Care because: \_\_\_\_\_

Date you submitted this form to Y Office: \_\_\_\_\_

Date you wish changes/cancellation to take effect: \_\_\_\_\_

**My signature indicates I have read the information stated above and completed the form to the best of my knowledge.**

\_\_\_\_\_  
Parent/Caregiver Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Member #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Notified Site: Date: \_\_\_\_\_ By: \_\_\_\_\_

Credit Refund Due: \_\_\_\_\_