



MAGDALENA ECKE FAMILY YMCA

# Child Care Program

Change of Schedule Form

Childs Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Program Attending: \_\_\_\_\_

Previous Schedule: \_\_\_\_\_

New Schedule: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Prorated Amount: \_\_\_\_\_ Month Applied: \_\_\_\_\_

New Monthly Fee: \_\_\_\_\_ Month Begin: \_\_\_\_\_

Authorized by: \_\_\_\_\_