

Child's Last Name:	Child's First Name:
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MAGDALENA ECKE FAMILY YMCA

Childcare Program Exit Form



*I understand that I am required to give two weeks written notification to withdraw my child(ren) from the childcare program.
If I fail to give proper notification, I understand I will be held financially responsible for paying at least two weeks of childcare fees.

Child's Last Name		Child's First Name	
Parent's Name		Phone	
Site Attending	Please Mark <input type="checkbox"/> PM only <input type="checkbox"/> AM & PM	Parent's E-mail	
Today's Date*	Date Exiting*	Parent's Signature	
Reason for Leaving			
Would you like the Childcare Director to contact you? <input type="checkbox"/> YES <input type="checkbox"/> NO			

FOR OFFICE USE ONLY					
Date Received	Monthly Fee	Rate Per Day	Prorated Fee	Director's Initials	Accounting Initials