



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA OF THE INLAND NORTHWEST  
SCHOOL-AGE CARE PROGRAM  
PROGRAM CHANGE OR CANCELLATION FORM

Written notice must be received by our business office on or before the **27th** of the month prior in order to change/cancel monthly billing.

Change/Cancellation requests received after the 27th of the month will be processed for 2 months out.

Third Party Agencies (i.e. DSHS) do not cover late fees or fees accrued due to inaccurate registration or lack of cancellation on the part of the parent.

Refunds are subject to a \$5 processing fee. Registration Fee is non-refundable.

Complete the form and submit it to the Corporate Business Office.

Mail to: YMCA. 1126 N Monroe St—Spokane, WA 99201 Email: schoolageprograms@ymcainw.org

Business Office Hours are Monday—Friday 8:30am to 4:30pm (except holidays)

Child's Name \_\_\_\_\_

School \_\_\_\_\_

<input type="checkbox"/> Program Change		<input type="checkbox"/> Re-Registration		Start Date:
Previous Program	Site	Program		
New Program	Site	Program		
Program Payment \$				

<input type="checkbox"/> Cancel from Program
Last Day of Attendance:
Program Canceling out of:
Reason for Canceling: <input type="checkbox"/> Change in Employment <input type="checkbox"/> Moving <input type="checkbox"/> Site Concerns <input type="checkbox"/> Other
Comments: _____
_____
_____
_____

<input type="checkbox"/> Monthly Auto Pay		<input type="checkbox"/> One-time Payment	
Auto Pay for Monthly Program: <input type="checkbox"/> Add <input type="checkbox"/> Change or <input type="checkbox"/> Cancel Auto Pay			Effective Date:
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
Card Number	EXP	Name on Card	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received: _____	Staff Initials: _____	<input type="checkbox"/> Scanned to Business Office Date: _____	Staff Initials: _____
Amount Paid \$ _____	Date Entered: _____	Staff Initials: _____	Updated: 9/16/19