



YMCA OF THE INLAND NORTHWEST SUMMER DAY CAMP 2024 Change & Cancel Form

\$20 Fee is non-refundable & non-transferable/week/child

CHANGE & CANCEL POLICY: Advance written notice for cancellations and changes must be turned in **by 4:00pm on Monday of the week before** the weekly session you are canceling and/or changing; otherwise, the full price will be charged for that week. Refund requests need to be in writing by 4:00pm on Monday of the week before the week they are to attend and fees will be refunded minus the \$20 non-refundable fee/week/child. We cannot give credit for days missed due to illness, suspension or any other unforeseen circumstances.

ALL WRITTEN notices must be given directly to the YMCA Corporate Business Office: 1126 N Monroe, Spokane WA 99201.
Or Email: Childcare-Schoolageprograms@ymcainw.org (Please confirm we received it.)

Child's Name(s): _____ Birth Date(s): _____

Camp Location: Central Y North Y Valley Y South Hill

Grade in the Fall: _____.

All over-payments are applied to balances owing first.

- WEEK 1 – June 19-21: Cancel all days
- WEEK 2 – June 24-28: Cancel all days
- WEEK 3 – July *1-3: Cancel all days
- WEEK 4 – July 8-12: Cancel all days
- WEEK 5 – July 15-19: Cancel all days
- WEEK 6 – July 22-26: Cancel all days
- WEEK 7 – Jul 29-Aug 2: Cancel all days
- WEEK 8 – August 5-9: Cancel all days
- WEEK 9 – August 12-16: Cancel all days
- WEEK 10 – August 19-23: Cancel all days
- WEEK 11 – August 26-28: Cancel all days

*Closed Monday, July 4th.

- 1 - (3-day week only.)
- 2 - Change 3 days to 5 days. Change 5 days to 3 days.
- 3 - (3-day week only.)
- 4 - Change 3 days to 5 days. Change 5 days to 3 days.
- 5 - Change 3 days to 5 days. Change 5 days to 3 days.
- 6 - Change 3 days to 5 days. Change 5 days to 3 days.
- 7 - Change 3 days to 5 days. Change 5 days to 3 days.
- 8 - Change 3 days to 5 days. Change 5 days to 3 days.
- 9 - Change 3 days to 5 days. Change 5 days to 3 days.
- 10- Change 3 days to 5 days. Change 5 days to 3 days.
- 11- (3-day week only.)

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY: Date Received _____ Staff Initials _____ Financial Assistance _____ %

Scanned to Business Office- Date _____ Staff Initials _____ Date Entered _____ Staff Initials _____