



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHANGE OF SCHEDULE FORM

Child's Name: _____ Date: _____

Parent's Name: _____ Phone #: _____

Program Attending: _____

Previous Schedule: _____

New Schedule: _____ Date of Change: _____

Prorated Amount: _____ Month Applied: _____

New Monthly Fee: _____ Month Begins: _____

Authorized by: _____

**BEFORE AND AFTER SCHOOL PROGRAM
MAGDALENA ECKE FAMILY YMCA**
