

## Schedule Change/Drop Request

\*All changes must be made by the 15<sup>th</sup> of the month prior to the schedule change

Please Print:		
Child's Name	Parent/Guardian's Name	Date of Request
	New Schedule to begin on:	
Program		
If schedule change:	M T W TH F	M T W TH F
	Days Currently Attending (Circle)	Change Days to (Circle)
OR		
Deposits are non-refu	ndable	
*If dropping out:		
	Last day to attend	
*If required notification is no	t given, the parent/guardian will be responsib	le for the tuition payment
Parent/Guardian Signature		Date

Requests will only be accepted upon receipt of this form

All requests must be e-mailed to sderrico@hamiltonymca.org.