Schedule Change/Drop Request

*All changes must be made by the 15th 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

*If dropping out: _____

Last day to attend

*If required notification is not given, 1) Any deposits will be forfeited 2) the parent/guardian will be responsible 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.