



YMCA of the Suncoast School Age Programs

Please PRINT clearly.

School Site: _____

Unity ID: _____

Child's Name: _____ Date of Birth: ___/___/___

Parent/Payer Name: _____ Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Please CHANGE my child's School Site:

Current School Site: _____

Date Last Attending Current Site: ___/___/___

NEW School Site: _____

Date First Attending NEW Site: ___/___/___

Please CHANGE my child's Payment Plan:

Current Payment Plan:

All-Inclusive EFT Plan

Standard Plan

3 Day Plan

Date to END Current Plan: ___/___/___

NEW Payment Plan:

All-Inclusive EFT Plan

Standard Plan

3 Day Plan

Date to START New Plan: ___/___/___

Please complete & sign a new Payment Policy Form

Please CHANGE my child's EFT (draft) Financial Info:

Current EFT Payment Type:

Credit/Debit Card (monthly)

Bank Account (bi-weekly)

Date to END EFT Type: ___/___/___

NEW EFT Payment Type:

Credit/Debit Card (monthly)

Bank Account (bi-weekly)

Date to START EFT Type: ___/___/___

Please complete & sign an EFT (draft) Change Form

Please CANCEL my child from School Age Programs:

Date Last Attending: ___/___/___

Reason for Cancellation

Found Other Care

Moved

Financial

Other _____

Please note: Ten business days of notice is required for any EFT (draft) to be stopped. **Pinellas, Pasco & Hernando County participants:** If you have a current Full membership, your monthly subsidy will expire prior to the next draft processing.

Signature Authorizing Change/Cancel:

Parent/Payer: _____

Today's Date: ___/___/___

Y Staff Name: _____

I am submitting this form on behalf of the parent/payer

I spoke to the parent/payer by phone: Yes No If Yes, date: ___/___/___

I am ending this child's enrollment due to non-payment

I spoke to the parent/payer by phone: Yes No If No, please provide details:

Notes: _____