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FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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empowering women
ywca

CHILDCARE CHANGE FORM

This request must be submitted to the Dubuque Community YMCA/YWCA two (2) weeks in advance of the requested change.

Please submit the request directly via fax, mail, email jkeck@dubuquey.org or in person to Jill Keck in the Finance Dept.

Today's Date: _____ Effective Date: _____

SACC Site: _____

Child(ren) Name: _____

Parent's/Guardian Name: _____

Phone Number: _____

Email: _____

SCHOOL AGE (SACC) CHILDCARE CHANGE OPTIONS

New Monthly Tuition: \$ _____ Effective Draft Date: _____

Reason for change in Child Care Tuition: _____

Change Childcare plan to:

Cancel Enrollment

Weekly Enrollment Status Change *(Check the box that applies. Rates billed monthly)*

	Full Time (4-5 Days)	Part Time (1-3 Days)
Before School Only	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100
After School Only	<input type="checkbox"/> \$220	<input type="checkbox"/> \$140
Before & After School	<input type="checkbox"/> \$260	<input type="checkbox"/> \$200
Friday Before Only	<input type="checkbox"/> \$52 Monthly	

PRESCHOOL/DAYCARE CHANGE OPTIONS

Change Child from Full Time to Part Time. (Infant or toddler)

Change Child from Part Time to Full Time. (Infant or toddler)

Change to Drop-In Only.

Cancel Enrollment

Other Change: _____

Parent/Guardian Signature: _____ Date: _____

DUBUQUE COMMUNITY YMCA/YWCA
35 North Booth St., Dubuque
P 563.556.3371 | F 563.556.2728
DubuqueY.org | dcyinfo@dubuquey.org

Office Use Only
Date Complete: _____
Staff Initials: _____