

Oshkosh Community YMCA Cancellation of Care Form

Please fill out the following form if you wish to cancel your School Age Child Care. This form must be in the School Age Office at 324 Washington Avenue no later than one week prior to registered week. If this form is not received one week prior regular fees will apply. Please remember the all registration fees and deposits are non-refundable.

Date: _			
Name	of Child/ren:		
Please	e check the program your child is attending and l	list the name of the site location.	
0	Before/After School		
0	Kid's Day Out		
0	Summer Fun Club		
0	Teen Adventure		
Days/\	Weeks you wish to cancel:		
Parent	t or Guardian Signature:		
OFFICI	E USE ONLY: Received:	Staff Initial:	