



CAMPANELLI YMCA

KASPER ATTENDANCE CHANGE FORM

This form can only be completed by the Parent or Guardian of Record
2 WEEKS PRIOR NOTICE IS REQUIRED

PLEASE NOTE: All changes made after initial registration will incur a \$10 administrative change fee.
(Changes are required to remain in effect for at least 1 month (30 calendar days) before a new change can be instituted.)

Child's Name: _____ Program/Site: _____

_____ **ADD*** _____ **DROP** _____ **CHANGE** _____ **VACATION**

*Today's Date: _____ Effective Date for Change: _____

Reason*: _____

Former Program:							
Days of the Week:	M	T	W	Th	F	AM	PM
Days of the Week:	M	T	W	Th	F	AM	PM

New Program:							
Days of the Week:	M	T	W	Th	F	AM	PM
Days of the Week:	M	T	W	Th	F	AM	PM

Print Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Email: _____

*Child Care Director Approval: _____ Date: _____

Notification Sent: _____ Parent _____ School Secretary _____ School Principal _____ KASPER Director

Email Notification Sent: _____ Date: _____