



## YMCA SACC/ Daycare Withdrawal Form

As of \_\_\_\_\_ my child \_\_\_\_\_ will no longer be attending the YMCA SACC/ Daycare (Please circle one). I understand that any unpaid balance on my account must be paid prior to my last day of childcare services. I also understand any re-enrollment in SACC or Daycare programs is subject to space availability.

### If you receive DSS

I understand that I am responsible for any difference in my bill after the YMCA SACC/Daycare receives payment from DSS. The difference will need to be paid within 30 days from the date on the bill.

\_\_\_\_\_  
Parent Signature (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date