



YMCA SACC/ Daycare/ Wrap Around Care Withdrawal Form

As of _____ my child _____ will no longer be attending the YMCA SACC/ Daycare/ Wrap Around Care (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/Daycare/Wrap Around Care programs is subject to space availability.

If you receive DSS

I understand that I am responsible for any difference in cost after the YMCA SACC/ Daycare/ Wrap Around Care receives payment from DSS. The difference in cost or amount due will need to be paid within 30 days from the date on the statement.

Parent Signature (Please print)

Date

Parent Signature

Date

Director's Signature

Date