



YMCA of Topeka Childcare Cancellation Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Submit this form in person at the YMCA of Topeka or by email to childcare-billing@ymcatopeka.org. All requests to cancel enrollment must be received at least two (2) weeks before the start of the desired cancellation week.

Parent's Name	
Child's Name	Date of Birth __ / __ / ____
Child's Name	Date of Birth __ / __ / ____

I would like to cancel all future childcare enrollment after __ / __ / ____

I would like to cancel specific weeks of future childcare enrollment

Week of: __ / __ / ____ Week of: __ / __ / ____ Week of: __ / __ / ____
 Week of: __ / __ / ____ Week of: __ / __ / ____ Week of: __ / __ / ____
 Week of: __ / __ / ____ Week of: __ / __ / ____ Week of: __ / __ / ____

I agree that once this cancellation is processed, my child will be unenrolled from the selected week(s). I will continue to be billed for program enrollment for at least two (2) weeks or until the desired cancellation date, whichever is later.

Parent Name	Parent Signature	Date __ / __ / ____
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For Internal Use	Program <input type="checkbox"/> Childcare <input type="checkbox"/> Primetime <input type="checkbox"/> Other _____	
	Received By	Received __ / __ / ____ <input type="checkbox"/> In-Person <input type="checkbox"/> Email