



YMCA School Age Child Care VACATION REQUEST

Participant Name _____

Parent Name _____

Address _____

Phone _____ Date _____

Vacation Date (week of) _____

A two-week notice is required for vacation weeks. I authorize the YMCA of Greater Oklahoma City to suspend drafting of fees for Child Care for the one (1) week listed above. I understand that the draft will resume the week following the above listed week.

Authorized Signature _____ Date _____

Staff Initials _____	Effective Date _____
Draft Suspended YES _____	Date _____



YMCA School Age Child Care CANCELLATION REQUEST

Participant Name _____

Parent Name _____

Address _____

Phone _____ Date _____

Effective Cancellation Date _____

A two-week notice is required to cancel participation. I authorize the YMCA of Greater Oklahoma City to cancel drafting of fees for Child Care from my bank account..

Authorized Signature _____ Date _____

Staff Initials _____	Effective Date _____
Draft Cancelled YES _____	Date _____
Final Draft Date _____	