



Parent/Guardian Signature

## **CHANGE OF INFORMATION**Crayon Club

Form must be completed and submitted at least two weeks prior to requested date of change (withdrawal and new account type).

CONTACT INFORMATION:					
Child's Name				Date of Birth	
Parent/Guardian #1 Name				Date of Birth	
Parent/Guardian #2 Name			Date of I	Date of Birth	
Please complete any change in your co	ontact information below:		I		
Address					
City			State	Zip	
Primary Phone		Email Address			
NEW ACCOUNT INFORMATION	ON:				
Change credit card information as	of//				
○ AMEX ○ Discover ○ Maste					
Cardholder Name	-				
	Exp. Date				
	n as of/_/				
Change Li i bank di art informatio	, , , , , , , , , , , , , , , , , , ,	(i lease provide a voided check)			
Payments are continous and can onl	y be cancelled or modified by submitting	g a YMCA Change of Information form at l	east two weeks	prior to date of draft.	
CHANGE OR ADDITION OF E	MERGENCY CONTACT OR AU	THORIZED PICK UP:			
Name	Relationship	Phone	☐ Emer	gency Authorized act Pick up only	
Name	Relationship	Phone	☐ Emer	gency Authorized act Pick up only	
	1	-	'		
WITHDRAWAL:					
My child's last day at the center will b	e/				
This serves as my two week notice to	withdraw my child (listed above).		n is due for the i dless of child's	following two weeks attendance	
I understand that to re-enroll I must	complete a new registration form and pay				

Date