

Chase Youth Center  
After School Care Change of Request

I understand that by completing this form I am requesting a change in status for Chase Youth Center After School Care program to only Holiday Care. I also understand that this change of status must be completed at least 2 weeks before the beginning of school in order for there top be no charge for the first two weeks of school. If the time has passed I understand I am responsible for payment of the first two weeks of school.

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

Name of Child: \_\_\_\_\_

I am requesting to change from: Option \_\_\_\_\_ to Option \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

.....

OFFICE USE ONLY:

APPROVED: \_\_\_\_\_ DECLINED: \_\_\_\_\_

REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DIRECTOR SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_