



YMCA of Memphis & the Mid-South

Child Care Withdrawal Form

Date of Withdrawal: _____ YMCA Branch: _____

Child's Name: _____

Parent's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Parent's Email: _____

School/Site child attends: _____

Reason for withdrawal: _____

Withdrawal requests require a one week notice to ensure no additional billing or drafting occurs.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Childcare Director Signature: _____ Date: _____

Site Director Signature: _____ Date: _____

Billing Department Signature: _____ Date Entered: _____