YMCA of Orange County
School-Age Child Care Program Withdrawal Notice

Date: _______________ YMCA Program Center: ________________________________

Parent/Guardian Name: ______________________________________________________

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<tr>
<th>Child's Name</th>
<th>Grade</th>
<th>Age</th>
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Last day child (children) will be attending Childcare: ______/_____/_____
(As stated in the YMCA Parent Handbook, parents/guardians are required to provide a 30-day written notice)

How long has your child (children) participated in the YMCA Child Care Program?

☐ Less than 1 year ☐ 1 year ☐ 2 years ☐ 3 years ☐ 4+ years

What is the main reason for choosing to leave the YMCA childcare program? (Please check all that apply.)

☐ Transfer to another school (TS) ☐ Financial reasons (FR)
☐ Graduating into Middle/High School (GR) ☐ Found other care (OC)
☐ Family moving out of area (MV) ☐ Disenroll for summer/back in fall (SH)
☐ Loss of financial assistance (LF) ☐ Not utilizing services enough (NU)
☐ Loss of 3rd Party/Grant Assistance (LA) ☐ Cost too much (EX)
☐ Change jobs or work situation (WS) ☐ Not convenient (NC)
☐ Loss of employment (ET) ☐ Not enough for older children (NE)
☐ Illness/Medical/Disability Leave (IL) ☐ Type of program activities (PA)
☐ Director quality (DQ) ☐ Safety concern (SC)
☐ Program ending (AT/PC) ☐ Summer Only (SO)
☐ Other (Please specify)

Additional Comments: __________________________________________________________

What could the YMCA Program Centers do to get you back?

☐ Enrichment classes ☐ Better parent communication ☐ More structure
☐ Better curriculum ☐ Hire better staff ☐ Better discipline
☐ More activities for older children ☐ Reduce turnover ☐ Nothing
☐ Improve facility ☐ Longer operating hours ☐ Provide Drop-In Rate
☐ Provide Holiday Care/Rate ☐ Provide Partial Month Rate ☐ Other: ___________________

Additional Comments: __________________________________________________________

____________________________________________________________________________

Parent/Guardian Signature: ____________________________ Date: _______________

Would you like to be contacted by a YMCA representative? _____ Yes _____ No

Phone Number: ____________________________ Best time to call: ______________________

Internal Use:
Reviewed By: ____________________________ Date: ______________
Comments: ____________________________