



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## PROGRAM CHANGE

First Name	MI	Last Name	Suffix		
Child First Name (if applicable)		Child Last Name			
Mailing Address		City	State	Zip	
(Day) Phone	(Eve) Phone			Daxko ID (if known)	
Last Program Day (if applicable):			Last Draft Date:		
<b>PRIMARY BRANCH</b>					
<input type="checkbox"/> Blossman Family YMCA			<input type="checkbox"/> Tradition Family YMCA		
<b>PROGRAM</b>					
<input type="checkbox"/> East Hancock			<input type="checkbox"/> North Bay		
<input type="checkbox"/> College Park			<input type="checkbox"/> Vancleave		
<input type="checkbox"/> Taconi			<input type="checkbox"/> Jeff Davis		
<input type="checkbox"/> Preschool			<input type="checkbox"/> Swim Team		
<input type="checkbox"/> Youth Sports			<input type="checkbox"/> Other:		
<b>TYPE OF CHANGE REQUEST</b>					
<input type="checkbox"/> Change Draft Information or Draft Schedule <i>(Please complete reverse)</i>					
<input type="checkbox"/> Change Address/Phone/Email:					
<input type="checkbox"/> Change Classes- <i>Switch to different class \$10.00 Transfer Fee may be assessed</i>					
<input type="checkbox"/> Change Membership Type:					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Drop Program- <i>Please let us know why below. (Please be advised there is a 10 day cancellation notice Int'l x )</i>					
<input type="checkbox"/> Schedule Camp/Preschool Vacation: I wish to utilize one of my authorized vacation weeks for the above child(ren) during the week of: _____. I understand that my account will not be drafted for camp fees for this vacation week. I understand and agree that my child is not to attend camp during this vacation week, and I will be charged the full weekly rate in the event that my child does attend at any time during this week. I understand that vacation weeks requested in excess of those allowed by YMCA policy will also be charged at the full weekly rate, regardless of whether my child attends.					
<b>SATISFACTION SURVEY</b>					
<b>Rating Categories</b> -Please mark a ranking for each	<b>Excellent-5</b>	<b>Very Good-4</b>	<b>Good-3</b>	<b>Fair-2</b>	<b>Poor-1</b>
Friendliness/Helpfulness of staff					
Knowledge/Competence of Staff					
Program Quality					
Value for Price					
Child's Satisfaction with Program					
Cleanliness of Facility					
Reason for dropping/Suggestions:					
<b>CREDIT OR REFUND REQUEST</b>					
<input type="checkbox"/> Issue Check Refund <input type="checkbox"/> Credit Card Refund <input type="checkbox"/> EFT Refund <input type="checkbox"/> System Credit					
<b>Disclaimer:</b> Credits and refunds are not a guarantee. They are made at the discretion of program directors or management.					
Amount _____					
Service/Misc Charge _____		(Explain) _____			
Total Refund _____		(code) _____			
<i>All changes must be made in writing. You may deliver or fax it to a branch, or email it to memberservices@mgcymca.org</i>					
Primary Member Signature: _____			Date: _____		
(Must be 18 Years or Older--My signature authorizes the YMCA to deactivate the above account(s).)					
For Office Use:		Date:		Staff Initials:	



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## **PERSONALLY APPROVED PRE-AUTHORIZED PAYMENT AUTHORIZATION**

I understand and agree that fees will be debited from my account/credit card based on the schedule selected below. I understand that this automatic withdrawal is a continuous payment plan. I agree to give a written, ten (10) business day notice to the Center Director of any changes regarding my account (new bank account, new credit card number). I agree to give a written notice to the Center Director of any changes regarding my child's attendance (vacation days, withdrawal from the program). I understand that the Center Director has ten (10) business days from receipt of such notice to make any such adjustments to my account.

I understand and agree that if a payment does not clear my bank account, or my credit card is not approved to cover my drafted fees, I will be assessed an additional \$30.00 handling charge by the YMCA or a third party acting on the YMCA's behalf. The original payment amount as well as the handling fee may be drafted again on the same account without additional authorization. I understand in order for us to service your account or to collect any amounts owed, we or our third party acting on the YMCA's behalf may contact you by telephone at any telephone number associated with your account or any telephone number we may discover, including wireless telephone numbers, and that such contacts could result in charges to you. You agree that methods of contact may include using pre-recorded voice messages and/or the use of an automatic telephone dialing system, as application, emails and facsimiles.

If I do not reimburse the MS Gulf Coast YMCA in full before the next pre-authorized withdrawal, I understand that care for my child may be denied unless special arrangements are made. I hereby authorize the MS Gulf Coast YMCA to withdraw my childcare fees from the following bank or credit card account.

\_\_\_\_\_Checking Account

\_\_\_\_\_Savings Account

\_\_\_\_\_VISA

\_\_\_\_\_MASTER CARD

\_\_\_\_\_DISCOVER

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Account Holder Name (please print)

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_Monthly (1st)

\_\_\_\_\_Semi-Monthly (1st & 15th)

\_\_\_\_\_Weekly (Sunday)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date