

**YMCA CHILD CARE PROGRAM
DROP FORM/ EXIT SURVEY**

Drop Forms must be received a weeks prior to your child's drop date in order to cancel any future drafts. Please submit this form to your YMCA Child Care branch via fax, email, mail or in person.

Member #: _____ Child Care Site: _____

CHILD'S NAME: _____

PARENT'S NAME: _____

PHONE: (_____) _____ - _____

E-MAIL: _____

DATE OF WITHDRAWAL: _____

Do you have an active Y membership? Yes No

****** If YES, and you wish to terminate your membership you must complete the termination form in person at the Cleveland Family YMCA. Membership Cancellations require a 30 day notice.**

REASON FOR WITHDRAWAL

Please Circle All that Apply

Moving

Found Other Care

Dissatisfied with Program

Dissatisfied with Administration

Program Concerns

Affordability

Joined another facility

Dissatisfied with staff

Other: _____

**** If you are moving please provide updated address:** _____

Would you recommend YMCA School Age Care to another person? Yes No

Will you be registering for other programs at the YMCA? Yes No

Comments:

PARENT SIGNATURE: _____ DATE: _____

Office Use Only: Received by: _____ Date: _____