

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



Date: _____ YMCA Program Center: _____

Parent/Guardian Name: _____

Child's Name	Grade	Age
1		
2		
3		

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.)

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

Additional Comments: _____

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Enrichment classes | <input type="checkbox"/> Better parent communication | <input type="checkbox"/> More structure |
| <input type="checkbox"/> Better curriculum | <input type="checkbox"/> Hire better staff | <input type="checkbox"/> Better discipline |
| <input type="checkbox"/> More activities for older children | <input type="checkbox"/> Reduce turnover | <input type="checkbox"/> Nothing |
| <input type="checkbox"/> Improve facility | <input type="checkbox"/> Longer operating hours | <input type="checkbox"/> Provide Drop-In Rate |
| <input type="checkbox"/> Provide Holiday Care/Rate | <input type="checkbox"/> Provide Partial Month Rate | <input type="checkbox"/> 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: _____