

Summer Camp - 2021 TRANSFER/DISENROLL FORM

TODAY'S DATE: _____ Child's Name: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

TRANSFER

From
Week ____ Site/Program _____

To
Week ____ Site/Program _____

Week ____ Site/Program _____

Week ____ Site/Program _____

Week ____ Site/Program _____

Week ____ Site/Program _____

Week ____ Site/Program _____

Week ____ Site/Program _____

DISENROLL

Parents: Note week number and camp name. Staff will calculate the partial refund/credit due.

NO PARTIAL REFUND/CREDIT AFTER:

____ Week 1 (6/21-6/25) **Camp Name** _____ 5/31/2021

____ Week 2 (6/28-7/2) **Camp Name** _____ 6/7/2021

____ Week 3 (7/5-7/9) **Camp Name** _____ 6/14/2021

____ Week 4 (7/12-7/16) **Camp Name** _____ 6/21/2021

____ Week 5 (7/19-7/23) **Camp Name** _____ 6/28/2021

____ Week 6 (7/26-7/30) **Camp Name** _____ 7/5/2021

____ Week 7 (8/2-8/6) **Camp Name** _____ 7/12/2021

____ Week 8 (8/9-8/13) **Camp Name** _____ 7/19/2021

Please note: **A \$25.00 administrative fee (per week) will be retained on all disenroll requests.** Any partial refunds/credits due to the account holder will be processed approximately 10-14 business days after submitting this form. Any partial refund/credit due will automatically be applied to future balance due draft payments.

Parent signature _____ Date _____

Form received by _____ Date _____
(YMCA Staff)

YMCA Staff use only

Week _____ Original amount paid _____ Partial Refund/Credit Amount _____
Week _____ Original amount paid _____ Partial Refund/Credit Amount _____
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Week _____ Original amount paid _____ Partial Refund/Credit Amount _____

TOTAL (PARTIAL REFUND) (CREDIT) AMOUNT \$ _____

Reason for cancellation/notes for YMCA camp staff:

Processed by _____ Date _____
(YMCA Staff)