



Pryme Tyme Before & After School Program Transfer/Change/Withdrawal Request

Transfer
(Check One)

Change in Program

Withdrawal

Child's Name: _____ Date of Request: _____
(One form per Child requesting transfer)

Birth Date: _____ Grade: _____

Parent/ Guardian Name: _____

Email Address: _____

Contact Phone Number: _____

Current Pryme Tyme Site/Session: _____ AM/PM/Both
(Circle One)

Site/Session Requesting Transfer to: _____ AM/PM/Both
(Circle One)

Requested Transfer Date: _____

For transfer and change request, please note that **this request is not a guarantee**. The requests can take up to 2 weeks to process. Any families with a negative balance on their Pryme Tyme account will not be considered for transfer until balance is current. Please turn this form into the Pryme Tyme office. You may fax, email or drop off this form. Please wait for contact from the Pryme Tyme office before withdrawing your child from their current site.

YMCA Pryme Tyme Office
401 Mall Blvd Suite 202-C
Savannah, GA 31406
Phone: (912) 351-3622
FAX: (912) 354-4742

Shaisha.Walker@ymcaofcoastalga.org

Office Use Only:

Date Received: _____

Staff Initials: _____

Date Approved: _____

Staff Initials: _____

Date Changed in CCC#: _____

Staff Initials: _____