



After School Enrichment At The School 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 Enrichment Site/Session: _____

Site/Session Requesting Transfer to: _____

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 After School Enrichment account will not be considered for transfer until balance is current. Please turn this form into the Site Director or the Effingham YMCA After School Enrichment Office. You may fax, email or drop off this form. Please wait for contact from the After School Enrichment office before withdrawing your child from their current site.

YMCA Effingham County After School Enrichment Office
1224 Patriot Drive
Rincon, Ga. 31326
Phone: (912) 826-2199
FAX: (912) 826-4055
heathers@ymcaofcoastalga.org

Office Use Only:

Date Received: _____ Staff Initials: _____

Date Approved: _____ Staff Initials: _____

Date Changed in CORE#: _____ Staff Initials: _____