



**SCHOOL'S OUT PROGRAM**  
**ENROLLMENT & INFORMATION CHANGES / WITHDRAWALS**  
 (No refunds or credits for schedule changes effective after the first of the month)

Child(ren)'s Name: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Address: \_\_\_\_\_ School's Out Site: \_\_\_\_\_

Day Time Phone#: \_\_\_\_\_ Pager/Cell: \_\_\_\_\_

Child's School: \_\_\_\_\_

**OLD SCHEDULE**

AM \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

PM \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

DROP-IN: \_\_\_\_\_ WITHDRAWN \_\_\_\_\_

**NEW SCHEDULE**

AM \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

PM \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

DROP-IN \_\_\_\_\_ WITHDRAWAL \_\_\_\_\_

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 EFFECTIVE DATE OF NEW SCHEDULE \_\_\_\_\_  
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New Personal Information: \_\_\_\_\_

New Emergency Contact Information: \_\_\_\_\_

**If withdrawal, please indicate the reason:**

No longer working \_\_\_\_\_ Other Activity \_\_\_\_\_ New Childcare \_\_\_\_\_ Other \_\_\_\_\_ (give details)

Please take a few moments to give an evaluation of the program and/or additional detail regarding your reason for withdrawing. You may continue on back:

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

~~Please submit 1 week prior to effective date~~

YCMA Camp Ockanickon, INC.

1303 Stokes Road

Medford, New Jersey 08055

Monthly Payment Coupons – Detach from bottom and Mail to Camp's Main Office