



MetroWest YMCA

We build strong kids,
strong families, strong communities.

**Out-of-School Time (OST) Program
Add/Drop Form**

Child's Name: _____ Parent/Guardian's Name: _____

Child's Program Site (school): _____ Daytime phone number: _____

Requested date of new schedule*: _____

*A minimum of 1 week notice is required to add any day(s) based on availability. A 30-day notice is required to drop any day(s). All changes will be confirmed by the OST Enrollment Coordinator.

Current Schedule: (circle enrolled days)

AM Care:

Monday Tuesday Wednesday Thursday Friday

PM Care:

Monday Tuesday Wednesday Thursday Friday Vacation package

Requested New Schedule: (circle all days that you want your child to attend not just changes)

AM Care:

Monday Tuesday Wednesday Thursday Friday

PM Care:

Monday Tuesday Wednesday Thursday Friday Vacation package

Reason for Change/Comments: _____

Parent/Guardian's Signature: _____ Date: _____

OST Enrollment Coordinator Signature: _____ Date: _____

OST Director's Signature: _____ Date: _____

Educational Programs Registrar Signature: _____ Date: _____

All requests for added days will be granted if there is space available in the program.
Families are responsible for full payment for dropped days if 30-day written notice is not received.

Questions? Contact the OST Enrollment Coordinator 508-879-4420 x46

Office use only: Approved date of change: _____ Guardian/parent informed: _____ School contacted: _____ Site coordinator updated: _____
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