



YMCA BUFFALO NIAGARA
Lancaster Family Branch * 31 Central Avenue * Lancaster, NY 14086
School Age Child Care Credit – Request Form

Child's Name: _____ **School:** _____

Please apply credit to my child's School Age Child Care account for the following day(s).

SACC Site: _____

Date Missed: _____ **AM PM (circle one)**

Parent/Guardian Signature: _____ **Date:** _____

Participants will receive five credit days per school year, with or without a doctor's excuse. In case of extended illness, please contact the branch. Credit days may be used ONLY for the days your child is registered for, and are not refundable if not used within the school year.



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