



# Adventure Club

## Program Withdrawal Form

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_  M  F  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian e-mail \_\_\_\_\_ School Year Grade \_\_\_\_\_  
Adventure Club Site \_\_\_\_\_  Morning Kindergarten  Afternoon Kindergarten  
 Morning Transitional Kindergarten

**Withdrawal effective as of:**

\_\_\_\_\_

**Reason for Withdrawal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments/Suggestions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Withdrawal Policy:**

A two (2) week advance written notice of withdrawal, or payment of the tuition for such two-week period, is required. All registration and enrollment fees are non-refundable.

I have read, understand and agree to comply with the above policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Adventure Club Site Coordinator \_\_\_\_\_ Date \_\_\_\_\_

<i>Staff Use Only</i>			Effective Date _____
<input type="checkbox"/> Schedule Change	<input type="checkbox"/> Added Care Only	<input type="checkbox"/> Withdrawal	Approved by _____
<input type="checkbox"/> MCD	<input type="checkbox"/> PCOE/CH ACT	<input type="checkbox"/> CDE	

