



Program Withdrawal Form

Child's Name: _____ **Student ID:** _____
Parent Name: _____
Current attending campus _____ **Currently on Auto Charge: Y** ___ **N** ___
Today's Date _____ **Effective Date of Change:** _____

Please complete a separate form for each child.

I want to withdraw my child from the below program(s): (five business days notice required)

- PT Before School
 PT After School
 FT Before School
 FT After School
 FT Before and After
 PT Before and After
 Drop in Before and After
 LKC Camp Days

Dates: _____

We value your feedback! Reason for leaving:

- _____ Relocation _____ New Childcare _____ Unemployment _____ Tuition
 _____ Not needed at this time _____ Work schedule change _____ Staff/Administration _____ Other

On the scale below, please rate with a circle your overall satisfaction with the LKC programs:

- Extremely satisfied Satisfied Unsatisfied Extremely unsatisfied

I understand the **Program Withdrawal form must be completed 5 business days prior to the effective date to stop monthly charges**. Days already attended are not refundable. We will make prorated refunds based on the effective date of the withdrawal form. If the withdrawal effective date is after the 15th of the month, no refund will be issued. The maximum amount of a refund will be ½ of the monthly tuition. I understand I need to submit this form to the Community Education Department at communityeducation@legacytraditional.org. I understand there will be a \$20.00 non-refundable re-enrollment fee, should I decide to reinstate in this program. It is the responsibility of the parent/guardian to provide current enrollment information in order to be billed accurately.

Parent/Guardian Signature: _____ Date: _____ Parent ID Number(Driveline Number) _____

For Office Use Only

CES Representative _____ Date Received _____