



Community Education Program Withdrawal Form

Child's Name: _____ Student ID: _____

Parent Name: _____

Current attending campus _____ Currently on Auto Charge: Y ___ N ___

Today's Date _____ Last Date of Attendance: _____

(Tuition bills monthly on the 1st regardless of withdrawal date. Tuition is not pro-rated.)

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

400 Family Max LKC Staff Kids KEEP

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/KEEP programs:

Extremely satisfied Satisfied Unsatisfied Extremely unsatisfied

I understand the **Program Withdrawal form must be completed 5 business days prior to the last date of attendance to stop monthly charges**. Days already attended are not refundable. The Program Withdrawal form must be submitted 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.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

CES Representative _____ Date Received _____