



Community Education Program Withdrawal Form

Five business days notice required

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

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 effective date 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: _____ Parent ID Number(Driveline Number) _____

For Office Use Only

CES Representative _____ Date Received _____