

# **kids** COVID-19 WITHDRAWAL NOTIFICATION FORM

In order to receive credit for your deposit and to avoid charges for an additional 30 days from the date written notice was received, a minimum of 30 days written notification must be given for withdrawal from the program. Choose one location.

- |                                      |                                    |                                      |                                   |                                      |                                      |
|--------------------------------------|------------------------------------|--------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Adams       | <input type="checkbox"/> Cascadia  | <input type="checkbox"/> Cedar Park  | <input type="checkbox"/> Decatur  | <input type="checkbox"/> Graham Hill | <input type="checkbox"/> Island Park |
| <input type="checkbox"/> John Hay    | <input type="checkbox"/> Lakeridge | <input type="checkbox"/> Magnolia    | <input type="checkbox"/> McDonald | <input type="checkbox"/> Northwood   | <input type="checkbox"/> Queen Anne  |
| <input type="checkbox"/> South Shore | <input type="checkbox"/> TOPS      | <input type="checkbox"/> West Mercer |                                   |                                      |                                      |

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Withdrawal Date (30 days from today): \_\_\_\_\_

Choose one of the following methods for handling your deposit:

- Apply my deposit to balance due.
- Apply my deposit to the Kids Co. Scholarship Fund to assist families experiencing financial hardship.

Reason(s) for withdrawing: \_\_\_\_\_

\_\_\_\_\_

Any suggestions or comments you share will assist us in our effort to offer high quality programming.

What I liked about the program: \_\_\_\_\_

\_\_\_\_\_

What my child liked about the program: \_\_\_\_\_

\_\_\_\_\_

What I'd like to see changed: \_\_\_\_\_

\_\_\_\_\_

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

For Program Manager's Use Only:	
_____	
_____	
_____	_____
Program Manager's Signature	Date

For Office Use Only:	
Current Balance: _____ - Deposit (if applicable): _____ + 30 days' tuition (if applicable): _____ = _____	
Data Entry: <input type="checkbox"/> EZ Care _____	<input type="checkbox"/> Roster _____
<small>Initials</small>	<small>Initials</small>
<input type="checkbox"/> Donor Perfect _____	<small>Initials</small>