

Hill Air Force Base
Youth Programs
Withdrawal Notice



Name of Child _____ Age _____

Parent's requesting withdrawal _____

Date of Request _____ Contact Phone # _____

SCHOOL AGE PROGRAM: Two weeks' notice required

<input type="checkbox"/> Before & After School Care	<input type="checkbox"/> After School Only
<input type="checkbox"/> Before School Care Only	<input type="checkbox"/> Full Day Summer Care

INSTRUCTIONAL CLASSES: Must drop by 25th of the month

<input type="checkbox"/> Karate	<input type="checkbox"/> Dance
<input type="checkbox"/> Tae Kwan Do	<input type="checkbox"/> Piano
<input type="checkbox"/> Judo	<input type="checkbox"/> Guitar

Last Day of enrollment _____ Parent Signature _____

Staff receiving request _____

Acknowledgement of your withdrawal notice:

Child's Name _____ Last Day _____

Staff Signature _____