



DEPARTMENT OF PARKS & RECREATION



YOUTH PROGRAM
PROGRAM WITHDRAWAL/ATTENDANCE CONFIRMATION

Parents, we need your help!

Please only complete this form to: Withdraw your child from the program
(This form must be completed 10 business days prior to the start of the program for a refund). OR
If your child has not regularly attended and you want to keep him/her enrolled in the program.

Please complete the form below to advise of your child's continued participation (if you have had an extended absence from the program since starting) or to withdraw from the program. If there is a fee associated with your child's enrollment, you will continue to receive invoices until your child is officially withdrawn from the program. If there is not a fee associated with your child's enrollment, please understand that the spot cannot be offered to someone on the waiting list until your child is officially withdrawn from the program.

Please return the form by fax, mail, email or in person to the Parks and Recreation office.

Fax: 410-778-4602 * Mail: KCPR, P.O. Box 67, Worton, MD 21678 * Email: info@KentParksAndRec.org
In Person: 11041 Worton Rd, Worton, MD 21678 (KCPR Office at the Kent County Community Center)

Thank you for help and time in completing and returning the information. Should you have questions or concerns please call the office at 410-778-1948.

Sincerely,
Kent County Parks and Recreation

Table with 5 columns: Program Name (Circle One), Elem. After School, Sports Clinic, Drills & Skills Volleyball, Holiday Camp. Includes options like Swim Lessons, Start Smart, Youth Volleyball, Kiddie Camp, etc.

Other - Write Program Name Event - Write Event Name

Program Location: Name of Facility, School or Other Location

Child's Name:

- If more than one child is in the same program and location, please list names of all children above.
If your children attend different programs and/or at different locations, please complete a separate form for each child.

Check One:

My child / children will continue participating in the program circled above. My child/children will return to the program beginning on (Date Returning to Program)

My child/children will no longer participate in the program circled above. As of the date indicated with my signature below, and as the parent / legal guardian of the child/children listed above, I officially withdraw from the program indicated. In addition, by signing below, I understand that if I qualify for a refund, it is subject to a \$5 processing fee and may take up to three weeks to process.

Printed Name of Parent/Guardian

Parent/ Guardian Signature

Date

DO NOT WRITE BELOW LINE - OFFICE USE ONLY

Date Received: Received By:

Date Office Manager Provided Copy: Date Program Staff Provided Copy:

Comments: