COUNTY COMMISSIONERS OF KENT COUNTY, MD
DEPARTMENT OF PARKS & RECREATION

YOUTH PROGRAM
ATTENDANCE CONFIRMATION / PROGRAM WITHDRAWAL

Please only complete this form to:
Withdraw your child from the program OR
If your child has not regularly attended and you want to keep him/her enrolled in the program.

Parents, we need your help!

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is a fee associated with your child's enrollment, you will continue to receive invoices until your child is officially withdrawn*** from the program.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please understand that the spot cannot be offered to someone on the waiting list until your child is officially withdrawn*** from the program.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

Program Name: (Circle One)				
	Swim Lessons	Basketball	Day Camp	Golf
	Start Smart	Kiddie Camp	Youth In Action	Sports Clinic
	Tumbling/Movement	Hoop Jam	Dance (Ballet/Hip Hop)	Leaders Club
	Jr. Wrestling	Elem. After School	Co-Ed Rookies	_____
				Other - Write Program Name

Program Location:_____
Name of Facility or School

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 two 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:_____