

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

YOUTH PROGRAM
ATTENDANCE CONFIRMATION / PROGRAM WITHDRAWAL

(Please use the form below to withdraw your child from the program
or if your child hasn't attended for a while 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is a fee associated with your child's enrollment, you will continue to receive invoices until your child is officially withdrawn* from the program.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please understand that the spot cannot be offered to someone on the waiting list until your child is officially withdrawn* from the program.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 Start Smart Tumbling/Movement Jr. Wrestling	Basketball Kiddie Camp Hoop Jam Elem. After School	Day Camp Youth In Action Dance (Ballet/Hip Hop) Co-Ed Rookies	Golf Sports Clinic Leaders Club
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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: _____
