



# KENT COUNTY PARKS & RECREATION

## PROGRAM WITHDRAW FORM

Requests for program cancellations must be submitted in writing using this form. Please be sure to complete all applicable information. Once reviewed, your cancellation will be processed based on the Kent County Parks & Recreation refund policies. **No refunds will be issued after the second program date (unless a medical reason with note from a physician is provided).** Please visit [KentParksAndRec.org](http://KentParksAndRec.org) for our refund policies.

If there is a fee associated with your child's enrollment, you will continue to receive invoices until your child is officially withdrawn. 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please understand that the spot cannot be offered to someone on the waiting list until your child is officially withdrawn. Please return the form by mail, email or in person to the Parks and Recreation office.

### PARTICIPANT & PROGRAM INFORMATION

Participant First & Last Name / Nickname (if any)

\_\_\_\_\_ M/F  Date of Birth \_\_\_\_\_

Parent/Guardian Full Name

\_\_\_\_\_

Email

\_\_\_\_\_

Phone

\_\_\_\_\_

Program Name

\_\_\_\_\_

Program Location

\_\_\_\_\_

Additional Participant(s)

\_\_\_\_\_

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.

Reason for Withdraw

\_\_\_\_\_

\_\_\_\_\_

### Acknowledgement

I acknowledge that, effective from the date this form is presented to Kent County Parks & Recreation staff, I am formally withdrawing from the program. I release any additional obligations or responsibilities linked to the participation of myself/my child/children in the specified program. In the event that I qualify for a refund, I understand that such a refund is subject to a \$10 processing fee. I am cognizant that the processing of the refund may take up to three weeks from the date the request is approved by KCPR staff. I understand that I am still responsible for any balance due on my account prior to the withdraw date. I understand that KCPR does not offer prorated refunds.

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

Parent/Guardian Printed Name \_\_\_\_\_

### KCPR OFFICE USE

Date Request Received: \_\_\_\_\_

- Refund Approved
- Not Approved

Refund Amount \_\_\_\_\_

Medical Note Received

Received by: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Notes: \_\_\_\_\_

How and when was applicant notified: \_\_\_\_\_

Refund Processed Date: \_\_\_\_\_