

KAFRC – NOTICE OF WITHDRAWAL

Child's Name:	
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A minimum of two weeks notice of withdrawal is to be given or payment in lieu is to be paid.

Date of Withdrawal:	
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PLEASE NOTE: We cannot guarantee that a space will be available when you wish to re-enter; however, we will do our best to accommodate your request.

Request Date of Re-entry:	<input type="checkbox"/> n/a
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by typing your name in the box you agree to the statements above

Parent's/Guardian's Signature	Date
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OFFICE USE ONLY		
<input type="checkbox"/> Pull File	<input type="checkbox"/> Remove off Enrollment Chart	<input type="checkbox"/> Remove from Bright Wheels
<input type="checkbox"/> Remove Emergency Contact Form from Google Sheets	<input type="checkbox"/> Update Fees in Parent Accounts	<input type="checkbox"/> Discharge Date on Registration Form
<input type="checkbox"/> Fees Paid or <input type="checkbox"/> Fees Owing: \$ <div style="margin-left: 150px; font-size: small;"> <input type="checkbox"/> Option 1: Payment Plan Set up <input type="checkbox"/> Option 2: Account sent to collections </div>		
Notes:		
Discharge Completed By:		Date: