



Child Withdrawal Form

Date: _____ Child's name: _____ Site: _____

Parent/Guardian Name: _____ Date of Withdrawal: _____

Reason for Withdrawal:

- Child Behavior
- Family moving
- Financial reasons
- No longer need service
- Unhappy with program quality
- Unhappy with program staff
- Other _____

Notes:

I understand that I must fill out this form and submit it to a YMCA After School Staff or email it to gwendolyn.hatcher@gamountainsymca.org with at least a 10-day notice for the changes to be effective.

Parent/Guardian Signature: _____

Staff Signature: _____ Date: _____