



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**SCHOOL'S OUT PROGRAM  
Tabernacle School District  
WITHDRAW FORM**

No refunds or credits for schedule changes effective after the first of the month.  
Please submit one form per child.

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ School Site: \_\_\_\_\_

Day Time Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

**EFFECTIVE DATE OF WITHDRAW:** \_\_\_\_\_

Please indicate the reason for withdrawing:

No longer working\_\_\_\_ Other Activity\_\_\_\_ New Childcare\_\_\_\_ Other\_\_\_\_ (please give details below)

Please take a few moments to give an evaluation of the program and/or additional details regarding your reason for withdrawing.

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Parent/Guardian (Print Name) \_\_\_\_\_

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

**~~ Please submit at least 7 days prior to effective date of withdraw ~~**