



WITHDRAWAL AND/OR RETURN TO PROGRAM

CHILD INFORMATION

Child 1 First Name:	Child 1 Last Name:
Child 2 First Name:	Child 2 Last Name:
Child 3 First Name:	Child 3 Last Name:

WITHDRAWAL FROM PROGRAM

Program Site:	Last Date of Attendance: / /
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A minimum of one week's notice is required. Withdrawals cannot be postdated.

Please let us know why you are withdrawing your student(s) from AYS.

<input type="checkbox"/> Lost job/change in job schedule	<input type="checkbox"/> Program hours do not meet my needs
<input type="checkbox"/> Moved or relocated	<input type="checkbox"/> Program hours do not meet my needs
<input type="checkbox"/> Found other care	<input type="checkbox"/> Plan to return, but do not know when
<input type="checkbox"/> Other:	

RETURN TO PROGRAM

If you are temporarily withdrawing your student from AYS programming, this section is required for your student to return to the program. After fall break, a \$15 change fee will be assessed for your student to return to the program. Please do not complete this section if you are permanently withdrawing your student from AYS.

Program Site:	Date Student will return: / /
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Minimum one-week notice required Please choose a Monday date.

Choose 1:	<input type="checkbox"/> Full-time (4-5 days per week) <input type="checkbox"/> Part-time (1-3 days per week) select days <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
Choose 1:	<input type="checkbox"/> Before School* - AM <input type="checkbox"/> After School - PM <input type="checkbox"/> Before* and After School - AM/PM
Other Options:	<input type="checkbox"/> Flex Pass <input type="checkbox"/> Breaks Only* (must register child at least two weeks before each break begins)

*Please note, before school and break programs not available at all schools

PARENT/GUARDIAN

Name:	Email:
Phone #: ()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Parent/Guardian Signature:	Date: / /

STAFF USE ONLY

Date Received ____ / ____ / ____ Staff Initials _____