

YOUTH PROGRAMS

ATTENDANCE CONFIRMATION / PROGRAM WITHDRAWAL

(Please use the form on the next page to withdraw your child from the program or if your child hasn't attended for a while and you want to keep him/her enrolled in the program.)

Dear Parent,

We need your help!

Please complete the form on the reverse to advise of your child's continued participation (if you have had an extended absence from the program since starting) or to withdraw from the program. ***If there is a fee associated with your child's enrollment, you will continue to receive invoices until your child is officially withdrawn from the program. 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please understand that the spot cannot be offered to someone on the waiting list until your child is officially withdrawn from the program.***

Please return the form by fax, mail or in person to the Parks and Recreation office.

Fax: 410-778-4602

Mail: KCPR, P.O. Box 67, Worton, MD 21678

In Person: 11041 Worton Rd, Worton, MD 21678
(Parks and Recreation Office)

Thank you for help and time in completing and returning the information. Should you have questions or concerns please call the office at 410-778-1948.

Sincerely,

Kent County Parks and Recreation

**YOUTH PROGRAM
ATTENDANCE CONFIRMATION / PROGRAM WITHDRAWAL FORM**

Program Name: Swim/Tennis Basketball Elem. After School
(Circle One) Playground Kiddie Camp Day Camp
 Leaders Club Tumbling/Gymnastics Youth In Action Camp
 Wrestling Dance (Ballet/Hip Hop) Zumba Kids
 Sports, Agility, Endurance

 Other – Write Program Name

Program Location: MES RHES HHGES WES GaIES
(Circle One) KCMS Worton Park KC Community Center
 Millington Pool RH Civic Center KCHS

 Other –Please Write Program Name

Child's Name: _____

- 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.

Check One:

_____ My child / children **will continue participating in the program** circled above. My child / children will return to the program beginning on _____.
 (Date Returning to Program)

_____ My child / children **will no longer participate in the program** circled above. As of the date indicated with my signature below, and as the parent / legal guardian of the child / children listed above, I officially withdraw from the program indicated. In addition, by signing below, I understand that *if* I qualify for a refund (as determined by the Program Coordinator), it is subject to a **\$5 processing fee** and may take up to three weeks to process.

 Printed Name of Parent/Guardian

 Parent/ Guardian Signature Date

DO NOT WRITE BELOW LINE – OFFICE USE ONLY

Date Received: _____ **Received By:** _____

Date Office Manager Provided Copy: _____

Date Program Staff Provided Copy: _____

Comments: _____