

CHANGE CLASS FORM / ADD A CLASS FORM / DROP A CLASS FORM

Office _____ Date _____

STUDENTS NAME: _____

CHANGE OF CLASS Please list the class your child is currently attending.

Day: _____ Subject: _____ Time _____ Starting Date _____

LIST NEW CLASS which your child would like to attend.

Day _____ Subject _____ Time _____ Starting Date _____

Current Fees _____ New Session Fees _____ Parents Initial _____

NOTES:

ADD A CLASS Please list the class your child would like to add.

Start Date _____

Day _____ Subject _____

Time _____

Current fees \$ _____ New fee \$ _____

Parents Initial _____

NOTES:

DROP A CLASS Please list the class your child would like to drop

Date of last session _____

Day _____ Subject _____

Time _____

Current fees \$ _____ New fee \$ _____

Parents Initial _____

NOTES:

CLASS WITHDRAWAL FORM

STUDENTS NAME: _____

CLASS: _____ **DAY:** _____

TIME: _____ **WITHDRAWAL DATE:** _____

INSTRUCTOR/COACH: _____

REASON FOR WITHDRWAL:

WITHDRAWAL POLICY:

Credits will not be applied if your child withdraws from a class in the middle of a 4 - week session.

Credits cannot be transferred to a siblings account.

Withdrawal forms must be sent via email to cafferys1@comcast.net

*All payments are expected until we receive your withdrawal form.