

ELCA After-School Program
WITHDRAWAL FORM

Student's Name: _____

Grade: _____ Homeroom: _____

I wish to withdraw my child from the ELCA After-School Program as of today. The weekly cost of the program will no longer be billed to my account.

Parent Signature

Date

Reason for withdrawal: _____

The ASEP program is perpetually billed weekly regardless of hours or days attending until and unless a withdrawal form is received. Students who withdraw from the program and later re-enroll will incur a \$25 re-enrollment fee.