



KENT COUNTY PARKS & RECREATION

PROGRAM WITHDRAW FORM

Requests for program cancellations must be submitted in writing using this form. Please be sure to complete all applicable information. Once reviewed, your cancellation will be processed based on the Kent County Parks & Recreation refund policies. **No refunds will be issued after the second program date (unless a medical reason with note from a physician is provided).** Please visit KentParksAndRec.org for our refund policies.

If there is a fee associated with your child's enrollment, you will continue to receive invoices until your child is officially withdrawn. 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please understand that the spot cannot be offered to someone on the waiting list until your child is officially withdrawn. Please return the form by mail, email or in person to the Parks and Recreation office.

PARTICIPANT & PROGRAM INFORMATION

Participant First & Last Name / Nickname (if any)

_____ M/F Date of Birth _____

Parent/Guardian Full Name _____

Email Phone _____

Program Name _____

Program Location _____

Additional Participant(s) _____

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.

Reason for Withdraw _____

Acknowledgement

I acknowledge that, effective from the date this form is presented to Kent County Parks & Recreation staff, I am formally withdrawing from the program. I release any additional obligations or responsibilities linked to the participation of myself/my child/children in the specified program. In the event that I qualify for a refund, I understand that such a refund is subject to a \$10 processing fee. I am cognizant that the processing of the refund may take up to three weeks from the date the request is approved by KCPR staff. I understand that I am still responsible for any balance due on my account prior to the withdraw date. I understand that KCPR does not offer prorated refunds.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

KCPR OFFICE USE

Date Request Received: _____

Refund Approved
 Not Approved

Refund Amount _____

Medical Note Received

Received by: _____

Staff Initials: _____

Refund Processed Date: _____

Notes: _____

How and when was applicant notified: _____

