



"Create a positive atmosphere, get positive results"

Loganville, Georgia 770-554-6858

WITHDRAWAL FORM

In the effort to keep our accounts accurate and to maintain the quality of our services, we are asking for a withdrawal form by the 10th of the month prior to withdrawal. This will allow us to anticipate our training and scheduling needs.

In order to withdraw your child please provide the following information:

Child's Name: _____

Date of withdrawal notice: _____ (today's date)

The date of last class: _____

Reason for withdrawal: _____

Parents Name: _____

Parents Signature: _____

Comments/Suggestions: _____

Please answer the following questions based on your child's time with us.

1. Did your class start on time? Yes No
2. Did your child think the classes were fun? Yes No
3. Does it seem to you that the instructors keep safety in mind? Yes No
4. Were the bathrooms and lobby area clean? Yes No
5. Did you feel the gym was clean? Yes No
6. Did your child come to Summer Camp, Flippin Friday or a Holiday Camp? Yes No
 - a. Which event? _____

Office Staff Signature _____ **Date received** _____