

Child's Name:

Request for Withdrawal from Program

All withdrawals must be submitted to The Jointure office (not to the on-site staff) using this form.

Make sure your child, school administrators, teachers, transportation, care givers are aware of the withdrawal from the program. Any credit/refund for prepaid tuition will be reviewed upon receipt of the Withdrawal Form. At the time of withdrawal, if your account is not paid in-full, you are still liable for all payments owed, including late fees and processing fees. If you wish to re-enroll your child and space is available, if your account is in good standing, you will be given priority over new applicants.

Circle One:

AM

PM

Both

Reason for Withdrawal:					
Program Location:					
I am the custodial parent o drawn from the Jointure's p	5 5		and I hereby request ti	he my child be with-	
(Signature of Parent/Guardian)		(Print name of P	arent/Guardian)	(Date)	
There is a non-refundable \$30 Withdrawal Fee. A fee will be added each time a child is withdrawn from the program. FOR OFFICE USE ONLY:					
Reviewed by:	Approved by:				
Balanced owed:	Re	efund due:	Date:		
□ Check	☐ Credit Card		Debit Direct Debit		
Date Processed: Processed by:					