

SSM Kidzone

Notice of Program Withdrawal or Change of Service

I am submitting notice of withdrawal / change of service of the following child/children:

From the SSM Kidzone summer / school year Program.

The effective date will be_____.

I have/have not provided two weeks notification.
I understand that I may be charged for two weeks of program on my final bill if I have not provided the above notification.

Registration Fee Paid_____

Registration Fee Forfeited_____

Weekly Fees for _____Amount Due_____

Registration Fee Refunded_____

Balance due at Withdrawal Date_____

Due by_____

Reason for Withdrawal / Change of Service:

Comments or Suggestions:

Parent or Guardian Signature:

_____Date_____

SSM Kidzone Director Signature:

_____Date_____

