



KIDS AFTER SCHOOL WITHDRAWAL FORM

Please circle one - Hill Waiuku Bombay Patumahoe Harrisville

Date: ____/____/____

Name: _____ Ph: _____

Child/Children's names: _____

Reason: _____

Please take this form as a withdrawal of the above child/children from Kids After School effective as of (date): ____/____/____

One weeks' notice is required for withdrawal

☐ Please tick if you wish to continue to receive our Holiday Programme information

(OFFICE ☐ Actioned by: _____)

Signed by responsible parent/guardian/caregiver