

**ELCA After-School Program**  
**WITHDRAWAL FORM**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_

*I wish to withdraw my child from the ELCA After-School Program as of today. The weekly cost of the program will no longer be billed to my account.*

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*

Reason for withdrawal: \_\_\_\_\_

\_\_\_\_\_

**The ASEP program is perpetually billed weekly regardless of hours or days attending until and unless a withdrawal form is received. Students who withdraw from the program and later re-enroll will incur a \$25 re-enrollment fee.**