

ELCA Young Chargers Enrichment Program

WITHDRAWAL FORM

Student's Name: _____

I wish to withdraw my child from the following week(s) of the Young Chargers Enrichment Program. Cancellation penalty may apply.

WEEK of: _____ WEEK of: _____

WEEK of: _____ WEEK of: _____

WEEK of: _____ WEEK of: _____

WEEK of: _____ WEEK of: _____

Parent Signature

Date

Reason for withdrawal: _____
