

THIS FORM MUST BE RECEIVED BY THE 7TH OF THE MONTH TO WITHDRAW FROM
NEXT MONTH'S CLASSES**

WITHDRAWAL FORM

2022-2023



FAMILY INFORMATION / PARENT / GUARDIAN / BILLING CONTACT

Parent / Guardian First Name: _____ Last Name: _____

CHILD(REN) INFORMATION

CHILD #1

Name: _____ Class Name: _____ Day and Time: _____

CHILD #2

Name: _____ Class Name: _____ Day and Time: _____

REASON FOR DROPPING CLASS:

If extra space is needed please use the back side of this form. If you are satisfied, please tell others. If you are not satisfied, please tell us. We can be reached at 413-562-2333 or via email at info@rootsgymnastics.com

** I understand that once this document is submitted to the Roots Gymnastics office that my class withdrawal goes into effect on the date written in the box to the right. **Students with forms received after the 7th of the month will continue to be enrolled in class for the duration of the current month, plus the next month.** I further understand that by submitting this form that I release my child/ren's space in class from continuous enrollment and that the spot may be filled by another student. If I choose to re-enroll, then I may need to wait until space is available in the class. All make-up classes must be scheduled and completed prior to the Withdrawal Date.

Dropped classes do not receive credits and/or refunds for the remaining classes. This form must be given to the front office prior to the 7th of the month. Informing your instructor without this form will not withdraw you from your class.

Signature of Parent/Legal Guardian: _____

Date Submitted: _____

WITHDRAWAL DATE

(OFFICE USE ONLY)

OFFICE USE ONLY

Date received by office:

Drop date for attendance and tuition:

Office staff initials: