



KIDS AFTER SCHOOL WITHDRAWAL FORM

Please circle one - Hill Waiuku Bombay Patumahoe Harrisville Karaka

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