

Smilefish Swim School

SWIMMING LESSONS WITHDRAWAL FORM

If you wish to withdraw at the end of the month we need a two (2) week notice. If you wish to withdraw at any other time of the month we need a four (4) weeks notice. If payment has been made for additional classes no refunds will be available but you can carry any balance over for future use.

Please understand that as soon as you submit a Withdrawal Form it is processed.

At that time your spot in your class is available for someone else to take.

Failure to give proper notice could result in additional tuition charges.

Parent(s) name _____

E-mail address _____

Home phone (_____) _____ Cell phone (_____) _____

Participant withdrawing from classes _____ Date of last class ____/____/____

Day of scheduled class: M T W TH Sa Time of class ____:____ AM PM

Participant withdrawing from classes _____ Date of last class ____/____/____

Day of scheduled class: M T W TH Sa Time of class ____:____ AM PM

Participant withdrawing from classes _____ Date of last class ____/____/____

Day of scheduled class: M T W TH Sa Time of class ____:____ AM PM

Reason for your withdrawal? _____

After these withdrawals are processed will you still have other children still taking classes? Yes No

Remaining participant's name(s) _____

Are you planning on returning? Yes No Any idea of when? _____

Do you have any suggestions that could make our lessons or the process better? _____

Do you have a comment about your experience that we can use on the website or in our advertising? _____

Parent/Guardian signature _____ Date ____/____/____

Parent/Guardian name (please print) _____