

Little Buds Kid Care

Aftercare Program @ St. Bonaventure Catholic School

Student Withdrawal Form

Effective Withdrawal Date: _____

Family Name: _____ Phone # _____ Parish #: _____

I _____ am formally withdrawing the following students from Little Buds Kid Care aftercare program @ St. Bonaventure Catholic School.

_____	_____	_____	_____	_____	_____
Students Name	Grade	Students Name	Grade	Students Name	Grade
_____	_____	_____	_____	_____	_____
Students Name	Grade	Students Name	Grade	Students Name	Grade

Reason for Withdrawal:

- No Longer Needed
- Withdrawing from school
- Medical Reasons
- Other

Parent Signature

Date

Director Signature

Date