## **Class Withdrawal**

Name:		Age:	Birth date:	
Phone Number(s):		Email:		
Parent's Names:				
Class(es) withdrawing fr	om:			
Reasons:				
May we contact you with				
Signature:		I	Date:	
Please return to:		Dance Academy Slippery Rock, Pa 1605	7	

Thank you for the opportunity to instruct your child. If we could be of service at any other time in the future, please keep is in mind!

-Crossroads Dance Academy staff

As stated on the Rules and Regulations Form included in the Information Packet; "To withdraw a student, a Withdrawal Form, available online and at the studio, must be completed and returned to Crossroads Dance Academy. This form needs to be received 7 days before the first day of the next Pay Period. In place of a registration fee, there will be a Withdrawal Fee of half the student's previous month's tuition. This fee will be automatically withdrawn on the next Pay Period date through the card that is on file in the Registration system."