

# REQUEST FOR PROGRAM WITHDRAWAL



**Participant's Name**

**Program Name**

**Program Code**

**Reason for Withdrawal**

**Start Date of the Program**

**Additional Program**

**Program Code**

**Reason for Withdrawal**

**Start Date of the Program**

- If the program start date or next meeting date is less than 48 hours from the time we receive your request you will receive a prorated credit for the program.
- Contractual programs will follow the cancellation policies of their specific contractor.
- Once a program is half way over there will be **no** withdrawals granted other than for medical reasons with proper documentation.
- Sunbeams & Rainbows Preschool and Rec Station require program specific forms for cancellation.

I agree to any credits from this request being left on my EPD household account.

I would prefer any credits from this request be refunded minus a \$5.00 processing fee.

Please complete the form and email it to [registration@epd.org](mailto:registration@epd.org).