## 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	
<ul> <li>If the program start date or next meeting date is your request you will receive a prorated credit for</li> </ul>	
Contractual programs will follow the cancellation policies of their specific contractor.	
Once a program is half way over there will be <b>no</b> Topone with proper decomposite in the p	withdrawals granted other than for medical
<ul><li>reasons with proper documentation.</li><li>Sunbeams &amp; Rainbows Preschool and Rec Statio cancellation.</li></ul>	n require program specific forms for
I agree to any credits from this request being lef	t 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 <a href="mailto:registration@epd.org">registration@epd.org</a>.