



**Due by the 10th of this month
Effective the 1st of next month**

WITHDRAW FORM

Today's Date:

Family Information/Parent/Guardian/Billing Contact

Parent/Guardian - First Name _____ Last Name _____

Child/Children Information

Child # 1

Name _____ Class Name _____ Day _____ Time _____

Child # 2

Name _____ Class Name _____ Day _____ Time _____

Child # 3

Name _____ Class Name _____ Day _____ Time _____

Reason for Withdraw:

I understand that once this document is submitted to the HOH/BIM office my class withdrawal goes into effect on the date written in the box to the right.
If I withdraw from a class mid-month I will NOT receive credits and/or refunds for the remaining classes in the current month.

Signature _____ Date _____

Withdraw Date

*If you need to become inactive in our program, please fill out this WITHDRAW form in its entirety. Effective for the upcoming month, completed forms are due before the 10th of the month in which you are currently enrolled. Please deliver your form to the customer service desk as we can not accept them over the phone or via email. **If we do not receive your proper notice of intent to withdraw you will be responsible for the upcoming month's tuition.** When you decide to return, every effort will be made to get you back into the class you were previously enrolled in. Should that be unavailable, alternative options will be offered.*

Head Over Heels Gymnastics & Bodies In Motion Dance Centre
7 Kanes Lane, Middletown, NJ 07748 - 732-671-2328 287 Cheesequake Road, Parlin, NJ 08859 - 732-238-6900

Office Use Only:

ICP _____ Drop Notes _____ Delete AutoPay _____ Attendance _____ Name/Date _____