



Withdrawal Form

(Must be submitted by the 1st of the month of your last full month of lessons)

Parent's Full Name

Phone Number

Email

Student's Full Name

Lesson Day/Time

Last Class Date Student will Attend

Student's Full Name

Lesson Day/Time

Last Class Date Student will Attend

Parent's Signature

Today's Date

I acknowledge that THIS FORM IS TO BE SUBMITTED BY THE FIRST DAY OF MY LAST MONTH OF LESSONS and that my registration will end on the last day of the first full month following the submission of this form. I understand that late forms will be charged \$5 per day fee, after the 1st of the month. I understand that no forms will be accepted after the 5th of the month. I understand that my registration will be canceled and makeup lessons forfeited when Ripples Swim School receives this form. I understand that makeup lessons cannot be used to extend lessons past the last day of your withdrawal month.

Ripples Swim School's top priority is to provide a top tier experience to all of its members. Please take a moment to let us know how we performed during your time with us. 1= Lowest / 10= Highest

Swim Lesson Quality 1 2 3 4 5 6 7 8 9 10

Facility Cleanliness 1 2 3 4 5 6 7 8 9 10

Customer Service 1 2 3 4 5 6 7 8 9 10

Overall Experience 1 2 3 4 5 6 7 8 9 10

Reason for Cancellation: _____

Office use

EE's Initials: _____ Date Received: _____ Date Entered: _____ Expected Return Date: _____

By Initialing here, I understand that my previously submitted cancellation form is now void. I will need to submit an additional form if I wish to cancel out of the program: _____

Ripples Swim School
15 Gooding Avenue
Bristol, Rhode Island 02809

www.ripplesswim.com

(401) 396- 8765

customerservice@ripplesswim.com