

Office Use Only:

Initials: _____

Date: _____



Drop Class Form

Student(s) Name: _____ Parents Name: _____

Today's Date: _____ Last Month you want your child to attend: _____

Class: _____ Day: _____

Reason for Drop: _____

Are you planning to return at a later time? Yes No Maybe If so, when: _____

We are sorry to see you go. Your thoughts and opinions matter to us. Please take a few minutes of your time to fill out the following survey ✓ one response for each question):

- In thinking about your most recent experience with Splitz, overall how satisfied are you with our facility?
Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
- How satisfied are you with your child's coach?
Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
- How accessible was your coach?
Very Accessible Somewhat Accessible Neutral Not Accessible At All
- How satisfied are you with our front desk customer service?
Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied
- How likely are you to recommend our facility to your friends?
Very Likely Likely Neutral Not Likely Never

Additional Comments: _____

By signing below, I acknowledge that:

- My child will no longer be enrolled in their class as of the effective month above.
- My spot will not be saved for me. I will have to re-register in order to sign my child back up for classes. (If the class I want is full, I will either have to choose a different day and time, or be put on the waiting list.
- I acknowledge that I must turn this form in person BEFORE the 25th of the previous month or else my credit card may be charged.

Typed full name

Electronic Signature: _____ Date: _____

This is a receipt stating that we have received a drop form for your child's gymnastics class. You will not be charged for next month's tuition. Please save this receipt until the following month just in case anything does go wrong. No refunds will be processed unless it was an error on our end.

Student Name: Please look for an emailed receipt Received by: _____ Today's date: _____