

Philadelphia Parks & Recreation

AFTERSCHOOL PROGRAM

DROP SLIP

Child's Name: _____

Facility: _____ No longer an afterschool participant date: _____

For the following reason(s).

_____ No Reason Given

_____ Illness

_____ Discipline Problem

_____ Family Moving

_____ Other (Please Explain)

Signature of Facility Supervisor: _____

Signature of RSI or GSI: _____

**PLEASE COMPLETELY FILL OUT ALL INFORMATION ON DROP SLIP AND THEN TURN SLIP
INTO THE MAIN OFFICE AT 1515 ARCH A.S.A.P..**

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