



**Fort Riley Child and Youth Services
Two Week Notification of Disenrollment**

Name of Program: _____ Date: _____

Name of Child (ren)/Youth: _____

Please disenroll my child (ren)/Youth from this program effective: _____

Because: _____ PCS Move _____ ETS Move _____ Other

We are sorry to see you leave our program. We value your comments. Please rate your experience with our program by completing the following questions. (5=Outstanding, 4=Excellent, 3=Satisfactory, 2=Fair, 1=Poor)

1. Quality of Programming	5	4	3	2	1
2. Communication	5	4	3	2	1
3. Professionalism of Staff	5	4	3	2	1
4. Knowledge of Staff	5	4	3	2	1
5. Facility Cleanliness	5	4	3	2	1
6. Operating Hours	5	4	3	2	1
7. Overall Satisfaction	5	4	3	2	1

Additional Comments or Suggestions:

 (Parent/Guardian Signature)

-----Administrative Use Only-----

Date Program Received: _____ PCS Prorate: _____

Program Representative: _____ Transfer to History: _____

Fill In House: Y/N if N open to fill Date new Child/Youth Starts: _____

Date CER Received: _____