



4150 Temescal St.  
Fair Oaks, CA 95628  
(916) 966-1036

**REFUND/TRANSFER REQUEST**

Date: \_\_\_\_\_

Parent/Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please see the back side of this form for explanation.**

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**Office Use Only**

**REFUND:**

- 1. **Activity:** \_\_\_\_\_ **Class Code:** \_\_\_\_\_ **\$** \_\_\_\_\_  
**Original Payment Method:** \_\_\_\_\_ **Number of Classes Attended:** \_\_\_\_\_
- 2. **Activity:** \_\_\_\_\_ **Class Code:** \_\_\_\_\_ **\$** \_\_\_\_\_  
**Original Payment Method:** \_\_\_\_\_ **Number of Classes Attended:** \_\_\_\_\_

**TRANSFER INTO:**

**Activity:** \_\_\_\_\_ **Class Code:** \_\_\_\_\_ **\$** \_\_\_\_\_  
**Activity:** \_\_\_\_\_ **Class Code:** \_\_\_\_\_ **\$** \_\_\_\_\_

*\*Approved*    *\*Denied*                      Amount of Refund: \$ \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_



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### Program Evaluation

Program Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Class Code: \_\_\_\_\_

We are sorry to hear that you were not satisfied with a recent program. Your feedback is very important to us as we look to improve our programs and services. We review each evaluation, so please consider each question carefully. Thanks you!  
 Circle your response according to the scale:

5- Exceeded Expectation    4- Good    3- Met Expectation    2- Needs Improvement    1- Below Expectation

**The Instructor**

Was friendly and welcoming	5	4	3	2	1	N/A
Was well prepared/organized	5	4	3	2	1	N/A
Was personable and enthusiastic	5	4	3	2	1	N/A
Was knowledgeable	5	4	3	2	1	N/A
Provided individual attention	5	4	3	2	1	N/A
Was age appropriate	5	4	3	2	1	N/A

**The Facility**

Was Clean	5	4	3	2	1	N/A
Was Easy to find	5	4	3	2	1	N/A
Was comfortable	5	4	3	2	1	N/A
Was convenient	5	4	3	2	1	N/A
Was safe	5	4	3	2	1	N/A

**The Overall Program**

The published description reflected program content	5	4	3	2	1	N/A
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**Reason for the Refund/Transfer:** (attach copy of Medical Release Form )

**Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature of Parents/Payee:** \_\_\_\_\_