



WITHDRAWAL NOTICE FORM

CHILD'S NAME _____
(Last) (First)

PARENT NAME: _____
(Last) (First)

CLASSROOM: _____ TEACHER: _____

DATE OF WITHDRAWAL NOTICE GIVEN: _____ LAST DAY OF CARE: _____

REPORTED TO: _____

COMMENTS/FEEDBACK: _____

****Please note that WITHDRAWAL NOTICE MUST BE GIVEN 2 WEEKS IN ADVANCE AND TUITION IS STILL LIABLE UP
UNTIL 2 WEEKS ARE UP. ****



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