

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:		
	UST BE GIVEN 2 WEEKS IN ADVANCE AND TUITION IS ST UNTIL 2 WEEKS ARE UP. **	'ILL LIABLE UP
	NDER CUARTING CENTER 2 LEAR NING CENTER 2 Year Ning Mands **Contenting and Educating Young Minds**	
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**Please note that WITHDRAWAL NOTICE MUST BE GIVEN 2 WEEKS IN ADVANCE AND TUITION IS STILL LIABLE UP UNTIL 2 WEEKS ARE UP. **