



WITHDRAWAL NOTICE FORM

CHILD'S NAME _____
(Last) (First)

PARENT NAME: _____
(Last) (First)

CLASSROOM: _____ TEACHER: _____

DATE OF WITHDRAWAL NOTICE GIVEN: _____ REPORTED TO: _____

LAST DAY OF CARE: _____

For CCS Clients ONLY: I understand I am REQUIRED to inform CCS TWC to terminate services and/or request TRANSFER and provide copy of email sent to CCS of Termination and/or Transfer.

Signature

Date

FOR OFFICE USE ONLY:

☐ Email provided on _____

☐ Termination Code provided by CCS. _____

Please note that WITHDRAWAL Notice must be given 2 weeks in advance and tuition is still liable upon until 2 weeks are up.



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