

Withdraw Request

Account Name _____

Child(ren's) Name(s) _____

Last Day *in class* _____

I, _____, (parent's name) withdraw my child(ren) from their regular schedule. Per the Parents' Handbook, I understand 30 days' written notice is required. The final month's tuition will be prorated to include the 30 days' notice. I understand any outstanding balance is my responsibility and must be paid by the first day of next month. If my child remains enrolled for drop in care, new enrollment paperwork must be completed every school year.

Complete withdraw

Remain enrolled for drop in care

Reason for Withdraw

Parent's Signature

Date

For Office Use Only

Status Change

Log

Class Roster

Add To Calendar

Schedule

Ledger

Email Teacher

Executive Director

Date