

# 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

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**For Office Use:**

Master Roster

Contract Billing

Add to Calendar

Schedule

Email Teacher

\_\_\_\_\_  
 Director

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Office Manager

\_\_\_\_\_  
 Date