

Withdrawal Notice

*Required to give at least 1 month/30 days' notice.

Enrollee Information	
Child Name: _____	
DOB: ____/____/____	Age: _____ years
Address: _____	
Phone Number: _____	

To whom it may concern:

This is to inform my child's child care program that I, _____, am withdrawing my child, _____, effective ____/____/____.
(mm/dd/year)

My reason for withdrawal is for the following reason(s): *(optional)*

For any further questions, I can be reached using the following contact information:

Email address: _____
Phone number: (____) ____ - _____
Text before calling: <input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Signature: _____ Date: _____

<i>Office Use Only</i>
Director Signature: _____
Date: ____/____/____

