



## WITHDRAWAL FORM: School Term 2018-2019

**Important to Parents:** One full month's notice MUST be given in WRITING prior to withdrawing your child from the preschool or a full month's fee will be charged.

Child's Name: \_\_\_\_\_

Class: (Please circle)

MW pm

MWF am

MWF pm

TT am

TT pm

Date of Withdrawal: \_\_\_\_\_

Reason (optional): \_\_\_\_\_

Please advise what you would like us to do with your advanced payments:

Please shred my cheques.

I would like my cheques returned to me at the following address:

\_\_\_\_\_

Please cancel my credit card monthly payments.

\*If the above is left blank your cheques will be shredded or credit card monthly payments will be stopped automatically.

Parent Signature: \_\_\_\_\_

Parent Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_