



WITHDRAWAL FORM

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)

MWF am

MWF pm

TTam

TTpm

Date of Withdrawal: _____

Reason (optional): _____

Please advise what you would like us to do with your submitted cheques:

Please shred my cheques.

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

*If the above is left blank your cheques will be shredded.

Parent Signature: _____

Parent Name (printed): _____

Date: _____.