



WITHDRAWAL FORM: School Term 2016-2017

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

TTam

TTpm

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 Signatures: _____

Parent Name (printed): _____

Date: _____