NOTIFICATION OF WITHDRAWL OF CHILD

Two (2) weeks written notice is required. Fees by your previous payment of 2 weeks fees in a	•
Child's Name:	Room:
Parent/Caregiver Name:	
Date of Notification:	
Expected last date of attendance (minimum 2 w	veeks):
Reason for Withdrawal:	
Would you like to speak to the Director about any concerns?	
Signed:	_
Thank you for your time with us. We hope we	have been able to be of service to you and
your child.	J
OFFICE USE	Final date of attendance:
	Fees Paid:
	Position re allocated:
	Staff notified:
	Learning journey given: