WITHDRAWAL NOTIFICATION FORM

In order to receive credit for your deposit and to avoid charges for an additional 30 days from the date written notice was received, a minimum of 30 days written notification must be given for withdrawal from the program. Choose one location.

☐ Adams  ☐ Graham Hill  ☐ Island Park  ☐ John Hay  ☐ John Muir  ☐ Lakeridge
☐ Lincoln  ☐ McDonald  ☐ Queen Anne  ☐ South Shore  ☐ TOPS  ☐ West Mercer

Child’s Name: _________________________________  Today’s Date: ____________________

Parent/Guardian Name: ___________________________________________________________

Withdrawal Date (30 days from today):

Choose one of the following methods for handling your deposit:

☐ Apply my deposit to the balance due.
☐ Apply my deposit to the scholarship fund. Your gift is tax deductible.
☐ Hold my deposit for future enrollment. (I understand my child’s spot is not guaranteed. Request for deposit refund or re-enrollment must be done within 6 months of the date of withdrawal or your deposit is automatically forfeited.)

Reason(s) for leaving:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Any suggestions or comments you share will assist us in our effort to offer high quality programming.

What I liked about the program:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

What I’d like to see changed:

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________________________

Parent/Guardian’s Signature: ____________________________________________  Date: ______________________

For Program Manager’s Use Only:

Program Manager’s Signature  Date

For Office Use Only:

Current Balance _________ - Deposit (if applicable) _________ + 30 days tuition (if applicable) _________ = _________

Data Entry:  ☐ ProCare  ☐ ER  ☐ RP  

Initials  Initials  Initials