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