



Withdrawal Form

Date _____

I _____
(print name)

will be withdrawing _____
(child's name)

from the INFANT / TODDLER / PRESCHOOL center at INTERURBAN / LANSDOWNE campus
(circle one) (circle one)

effective _____
(withdrawal date)

Please accept this as my **TWO MONTH'S NOTICE** for withdrawal of my child as required by the Child Care Services Parent Agreement.

Signature of Enrolling Parent _____

Staff Signature _____

OFFICE USE ONLY	
Amount Owing (if under two months notice given)	\$ _____
Refund Owing (if prepaid)	\$ _____
Post-Dated Cheques Returned	<input type="checkbox"/> _____ (date)