

Child's Name _____
Parent's Name _____
Home Phone # _____ Cell Phone # _____

Please circle your request.

WITHDRAWAL

SWITCH OPTION PLANS

Today's Date: _____

Effective Date *: _____

*** 2 weeks notice must be given.**

Withdrawal Request:

Reason for Withdrawal _____

Switch Option Plans

Current Option Plan _____ Option Fee _____

New Option Plan _____ Option Fee _____

Please circle the days your child will be attending: M T W Th F

I authorize my weekly EFT payments to be changed accordingly to the new plan fee.

Parent Signature

Date

Parent Signature _____ Date _____

Staff & Registrar Signature _____