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 __________________________________________

Stored: Change-Withdrawal Request