

Withdrawal Form

After-School Enrichment Program  
Pre-K3 and Pre-K4

Child's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

\_\_\_\_\_ Three's

\_\_\_\_\_ Four's

Reason for  
withdrawal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date wishes to withdraw \_\_\_\_\_

I understand that my billing for after school care will stop on the first month following the date of withdrawal.

Parent's signature \_\_\_\_\_