

RIO TERRACE COMMUNITY PLAYSCHOOL WITHDRAWAL FORM

3 year old class (T/Th AM)	4 year old class (M/W/F AM)	3 /4 combined class (T/Th PM)

Date: _____

I _____ am withdrawing _____

Name of parent/guardian

Name of student

from the Rio Terrace Community Preschool.

My child's last day will be _____.

Reason:

NOTE One month's written notice is required for any participant withdrawal. There will be no refunds for partial months. Failure to provide this notice will result in the cashing of your cheque for the next month

Signature of Parent / Guardian _____

FOR OFFICE USE ONLY
Received By: Date Received:
Print Committee Member's Name
Committee Member's Signature