



## NOTICE OF CHILD CARE WITHDRAWAL FORM

Name of Child(ren):	
Last day child will be present in the program:	

Reason for withdrawal:		
<input type="checkbox"/> Change of Schedule	<input type="checkbox"/> Moving from area	<input type="checkbox"/> Difficulty Adjusting
<input type="checkbox"/> Parent to provide care	<input type="checkbox"/> Cost of Program	
<input type="checkbox"/> Other: _____		

If you are dissatisfied with the staff or the quality of our program, we would like to hear from you.  
Please send your feedback, concerns or suggestions to [faithkidspreschool@gmail.com](mailto:faithkidspreschool@gmail.com).

Please return this notice to the Program Director, via email or in person.

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Parent Signature

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Date