



Summer Withdrawal Form '23-'24 School Year

**With the intent of returning to school in the Fall. If you are wanting to permanently withdrawal, please fill out the "Preschool Withdrawal Form"*

Parent's Name(s): _____

Child's Name: _____

Leave Date: _____ Return Date: _____

Last Billing Date: _____

Signature of Parent: _____ Date: _____

Signature of A. Director: _____ Date: _____

Signature of Director: _____ Date: _____

*Please return to the front desk after filling out!
Thank you!*



Preschool Summer Change in Attendance 2024

_____ *Yes. My child WILL be returning in the Fall of 2024.*

_____ *No. My child will NOT be returning Fall of 2024.*

Parent's Name(s): _____

Child's Name: _____

Requested Change Start Date: _____

Current Schedule: _____
Mon. Tues. Wed. Thurs. Fri.

Summer Schedule: _____
Mon. Tues. Wed. Thurs. Fri.

Front Desk Signature: _____ Date: _____

Signature of Parent: _____ Date: _____

Signature of Director: _____ Date: _____

*Please return to the front desk after filling out!
Thank you!*