



CALLINGWOOD-LYMBURN COMMUNITY PLAYSCHOOL WITHDRAWAL FORM

- 3 Year old AM Class 9:00-11:15 Tu/Thur
 3 Year old PM Class 1:00-3:15 Tu/Thur
 4 Year old AM Class 9-11:15 Mon/Wed/Fri
 4 Year old PM Class 9-11:15 Mon/Wed/Fri

Date: _____

I _____ am withdrawing _____ from
Name of parent / guardian *Name of child*

the Callingwood-Lymburn Community Playschool.

My child/children's last day of class will be _____ .

Date

Reason: _____

Signature of Parent / Guardian

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. You are required to complete any and all parent helper/toy cleaning/bingo dates during this one-month period. Failure to give adequate notice for withdrawal from the program or in fulfilling parent helper/toy cleaning/bingo duties for the month will result in the cashing of the following month's tuition cheques as well as deposit cheques.

FOR OFFICE USE ONLY

Received By: _____
Print Committee Member's Name

Date Received: _____

Committee Member's Signature