



Circle C CDC Notice of Withdrawal

Name of Child: _____ Date: ____/____/____

Choose **one** option below:

- For billing and attendance purposes, I am giving one full month advance notice of withdrawal, effective the last day of the month. My last month will be _____; my advance tuition deposit will be applied to that month.
- Our last day will be _____. I understand that since we are not giving the required one month notice, as of the end of the month, we will forfeit any advance tuition deposit we have on account with the CDC.

In addition, I understand that if at any time I ever want to re-enroll, I will need to begin the wait-list process as a new student.

Program Withdrawing from:

- Full Time
- Part Time – MWF
- Extended Care MWF
- Part Time – TTH
- Extended Care TTH
- Inclusion
- Inclusion + Extended Hour
- Inclusion + After School
- After School

Reason for leaving: _____

Parent Signature _____

For Office Use Only

- | | | | |
|----------------------|--------------------------|-------------------------|--------------------------|
| Email Staff | <input type="checkbox"/> | Forfeit ATD | <input type="checkbox"/> |
| Classroom | <input type="checkbox"/> | Refund Family | <input type="checkbox"/> |
| ATD Refund | <input type="checkbox"/> | Deactivate Key Fob | <input type="checkbox"/> |
| Deactivate TE | <input type="checkbox"/> | Remove Constant Contact | <input type="checkbox"/> |
| Zero Out Billing Box | <input type="checkbox"/> | | <input type="checkbox"/> |