

## Withdraw Notice

**Please Circle** the program from which your child is being withdrawn:

Wilson Preschool at E	3erkshire Heights	Wilson Pre-K Counts
Child's name:	Build	ing/Classroom:
Today's Date:	_ Last date child	d will attend:
Reason(s) for withdrawing:		
ls there anything Wilson Child Care and influenced you to stay?	nd Early Learning Progra	ims may consider that would have
Thank you for using Wilson Child Care please feel free to contact us at 610-6	•	grams. If we can assist you in the future,
parent/guardian withdraws from the progra	hdraw your child(ren)from th m without giving a two week y your child's classroom teac	e Wilson Child Care and Preschool program. If notice they will be billed for two weeks of care her or office in writing. Re-admission is based
Parent/Guardian Signature:		Date: