

Grace Lutheran Preschool Notice of Withdrawal

Name: _____ Date: _____

Address: _____

City and Zip: _____ Phone#: _____

Grace Lutheran Preschool policy requires all withdraws to be made in writing by the last business day of the month prior to the requested change.

My child's (children's) position at Grace Lutheran Preschool will terminate effective as of _____ (month/day/year).

Reason for leaving:

Additional comments:

According to Preschool financial records, the following is owed.

Monthly tuition _____

Earlybirds _____

Fob for Earlybirds _____

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Children may rejoin our program, if space is available. To return to Grace Preschool within the same year, the student must register again, complete additional forms, and pay the registration fee.

Office use only:

_____ Delete classroom e-mail
_____ Remove from dismissal list
_____ Remove from roster

revised 011618