

WITHDRAWAL FORM

Tall hereby informing ch	nuren riist Cinidren 3 Day C	out & Freschool Frogram of the	withdrawar or my child.	
Child's Name:		Class:		
Date of last day student v	vill/did attend:		_	
I understand that by com	pletely filling out this form	and either returning it to the add	dress below or emailing it to	
Penelope Hicks, I am officially withdrawing my child from Children First Children's Day Out & Preschool Program, and				
that any tuition refund du	ue will be mailed (see handb	book for details).		
Parent/Guardian Name (p	olease print)	Parent/Guardian Signatui	re	
Mailing Address				
Please return to the ARK	office, email to penelopehio	cks@firstmethodistmidland.com	, or mail to:	
	Children First Children's Day Out & Preschool Program			
300 N. Main, St.	.,			
Midland, TX 79701				
For Office Use Only:				
Date Received:	Retund Due:	Date Mailed:	Amount:	
Exit Survey				
•	•	med decisions about Children Fir you have withdrawn your child.	st Children's Day Out & Preschool	
I am withdrawing my chil	d because:			
O Childcare/Work s	cheduling conflicts			
O We're moving				
O Cost of tuition/m	onetary concerns			
O Other				