

WITHDRAWAL FORM

i am nereby informing Childr	en First Children's Day C	out & Preschool Program of the	withdrawai of my child:
Child's Name:		Class:	
Date of last day student will/	did attend:		_
I understand that by complet	ely 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 due w	vill be mailed (see handb	oook for details).	
Parent/Guardian Name (please print)		Parent/Guardian Signature	
Mailing Address			
Please return to the ARK office	ce, email to <u>raiganblanc</u>	o@firstmethodistmidland.com,	or mail to:
Children First Children's Day	Out & Preschool Progra	am	
300 N. Main, St.			
Midland, TX 79701			
For Office Use Only:	- 6 1-		
Date Received:	_ Refund Due:	Date Mailed:	Amount:
Exit Survey			
•	•	med decisions about Children Fir you have withdrawn your child.	rst Children's Day Out & Preschool
I am withdrawing my child be	ecause:		
O Childcare/Work sche	duling conflicts		
O We're moving			
O Cost of tuition/mone	tary concerns		
O Other			