



NOTIFICATION OF WITHDRAWAL

TERMS OF WITHDRAWAL (please see Parent Handbook for complete policy regarding withdrawal):

This notice must be received by the Comet Care Office 15 days prior to the first day of the month in which the withdrawal will take place. If such notice has not been given, I understand that I will be responsible for both the current and the next month's tuition.

I wish to withdraw my child(ren) _____

(Names)

from the Comet Care Program. Please accept this form as notice of my intent to withdraw effective _____.

(Last date of attendance) _____

Date

Signature of Parent/Guardian