



Withdrawal Agreement

Parents must give 1 month's written notice, prior to the first of the month, to withdrawal or make changes to their child's care in our program(s). Please inform us 30 days or more, prior to the first of the month in which you wish to withdrawal. This includes a request to lower number of days in which your child attends C&S Child Care Inc. You must print and submit this **withdrawal**

form prior to the 1st of the month in which you wish the changes/withdrawal to take effect. No withdrawals or changes to care, accepted after May 1st

Request to Withdrawal Completely:

Cancel Payment: We require one-month's notice for a Full withdrawal. Please inform us minimum 30 days prior to the first of the month in which you wish to withdrawal and we will remove you from the pre-authorization payment agreement.

If it is less than 30 days before the next tuition payment is due, you will be charged for that payment. The remaining payments will then be cancelled.

I, _____ (parent/guardian) hereby withdraws my child
_____ (name of child) from C&S Child Care Inc.

Effective: _____ (child's last day).

The last month of payment will be:_____.

Reason for withdrawal (write as little or as much as you like, using the reverse if you wish):

X _____
Parent Signature

X _____
Date

Request to Withdrawal Partially:

Changes to Payment: We require one-month's notice to lower the amount of care needed. Please inform us minimum 30 days prior to the first of the month in which you wish to make changes to the amount of care required. Once we have reviewed your request we will send you a new payment plan for the remaining months of class.

If it is less than 30 days before the next tuition payment is due, you will be charged for that payment and then the adjusted payment will be applied to the following months.

I, _____, the parent/guardian of
_____ (name of child), hereby wish to make the following
changes to my child's care with C&S Child Care Inc.

Current Care	Requested Changes

Effective: _____ (child's first month changes will apply to).

OFFICE USE ONLY:	
Date Form Received:	
Cancel Payment Date:	