

WITHDRAWAL FORM

i am nereby informing Children F	irst Children's Day O	ut & Preschool Program of the	withdrawai of my child:
Child's Name:		Class:	
Date of last day student will/did	attend:		_
I understand that by completely	filling out this form a	nd 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 will b	e mailed (see handb	ook for details).	
Parent/Guardian Name (please print)		Parent/Guardian Signature	
Mailing Address			
Please return to the ARK office, of	email to raiganblance	o@firstmethodistmidland.com, o	or mail to:
Children First Children's Day Ou 300 N. Main, St.	t & Preschool Progra	m	
Midland, TX 79701			
For Office Use Only: Date Received: R	efund Due:	Date Mailed:	Amount:
Exit Survey			
So that we may continue to impr Program, please take a moment			st Children's Day Out & Preschool
I am withdrawing my child becau	ise:		
O Childcare/Work scheduli	ng conflicts		
O We're moving			
O Cost of tuition/monetary	/ concerns		
O Other			