

Withdrawal Form

	Child's Last Name	Child's First Name			
PROGRAM WITHDRAWAL					
As of _	my child	will no longer require care in:			
	Before So	chool Care			
	After Scho	ool Care			
	Daycare				
	Preschoo	I			

CAMP WITHDRAWAL

My child will no longer be attending	Pro D Day Camp		
	Winter Break Camp		
	Spring Break Camp		
	Summer Camp		
on			
(date)			

I understand that one month written notice must be given before any withdrawal from care is made. I understand that signing a withdrawal form indicates that I will no longer have continuing registration assured status in CVCC programs. I also understand that September fees are non-refundable if I have forfeited the registered space(s) between June 1st and August 31st. I understand that if I do not give written notice to withdraw from any camps by the final cut off date (Pro D Day, Winter Camp, Spring Break Camp or Summer Camp), I will not be reimbursed my fees.

Parent/Guardian Name	Parent/Guardian Signature	Date	
Director Signature		Date	

	OFFICE USE ONLY					
Amount owing (Amount owing (if under one month's notice given)			\$		
Refund Owing				\$	<u> </u>	
Form of Refund	or Payment	Cheque Number				