



NOTICE OF WITHDRAWAL FORM

Parent is required to complete, sign, date and submit this form to the UCLC office a minimum of one (1) month prior to the last day of care.

Parent/Guardian Name: _____

Parent/Guardian ID Number: _____

Child's Name: _____

This is to give notice that my child will withdraw from the University Children's Learning Center. I understand that I will be billed for child care tuition for one (1) month past the date of this form or the last day of scheduled care, whichever is longer.

I intend for my child's last day of attendance to be: _____

Reason for withdrawal: _____

Parent/Guardian Signature

Date

Do you want to be placed on the internal waiting list to return at a future date: ____ yes; ____ no

If yes, what date would you like to request to return: _____

For Office Use Only:

Date Received: _____ Last date to bill tuition: _____

Date BSC Notified: _____

UCLC Signature: _____ Date: _____