



1091 Bello St., Pismo Beach, CA 93449 805-773-2095

WITHDRAWAL FORM

We are always sorry to lose a family from our program, and ask that you complete this form for our information, giving thirty days notice. All fees and responsibilities for those thirty days are still to be fulfilled.

DATE: _____

EFFECTIVE DATE: _____

REASON FOR WITHDRAWAL:

Please feel free to share any comments that might help us in the program:

PRINT NAME OF PARENT _____

PRINT NAME OF CHILD _____

CLASS WITHDRAWING FROM: MWF T/THR