

Parent Withdrawal Form

Date: _____

I _____ *(print parent name)* will be withdrawing my
child/children _____ *(print child/children's name)*
from Helping Hands Childcare. Our last day of child care will be
_____ *(date)*.

Please accept this as my TWO WEEK'S NOTICE for withdrawal of my
child/children as required by my Parent & Provider Contract Agreement.

Reason(s) for leaving:

- Moving Child aging out Challenging Behavior
 Rates are too high Policy Issues Change in child care needs
 Other *(please explain)*: _____

To help me serve my clients better and continue growing, please answer the following:

Would you refer me? Yes No, why not: _____

Would you use me again? Yes No, why not: _____

Comments or suggestions: _____

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

_____ I have received ALL personal belongings.
(Initials)

Parent Withdrawal Form

As a reminder:

- Parent Withdrawal Forms are to be filled out in pen only.
- This Parent Withdrawal Form is required to be filled out and submitted with a minimum of TWO WEEKS' notice in order for a client to withdraw and cancel our agreement.
- Parent Withdrawal Forms are accepted only on Fridays that the daycare is "OPEN"
- Parent Withdrawal Forms will not be valid or accepted on days that the daycare is "CLOSED" such as holidays or during the child care provider's vacation.
- The final two weeks' period cannot overlap the child care provider's vacation.
- Parent Withdrawal Forms are to be accompanied by any final payment(s) IN FULL such as child care and penalty fees (if any).
- The security deposit will be used towards paying for the child's final two weeks of childcare providing that a proper written two week notice was given.

CHILD CARE PROVIDER USE ONLY

Two Weeks' Notice	<input type="checkbox"/> GIVEN	<input type="checkbox"/> NOT GIVEN
Deposit used for last 2 weeks	<input type="checkbox"/> APPLIED	
Amount Still Owed	<input type="checkbox"/> N/A	<input type="checkbox"/> \$ _____ <input type="checkbox"/> PAID DATE _____
Refund Owning (if prepaid)	<input type="checkbox"/> N/A	<input type="checkbox"/> PAID \$ _____ DATE _____