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 □ GIVEN □ NOT GIVEN
Deposit used for last 2 weeks □ APPLIED
Amount Still Owed □ N/A □ $___________ □ PAID DATE _________
Refund Owing (if prepaid) □ N/A □ PAID $___________ DATE _________

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