



WITHDRAWAL NOTICE
FROM CCA BEFORE/AFTER CARE PROGRAM



CHRIST CHAPEL
A C A D E M Y

(Please complete and return to the school office)

Today's Date: _____

My son/daughter, _____ will
be withdrawing from: (CIRCLE ONE)

BEFORE CARE

AFTER CARE

BEFORE AND AFTER CARE

Their last day of care will be _____.

My child will remain in the following program:

BEFORE CARE

AFTER CARE

Parent Signature _____

Parent Name Printed _____

DATE RECEIVED _____ FINANCIAL CHECK OUT \$ _____ DUE

I/we agree to give **two weeks advanced notice of cancellation, in writing signed and dated**, to the Christ Chapel Academy Administration Office if I/we do not plan to use the services for a specific week or if I/we want to drop our child from the program. If a two-week advanced notice is not given, I/we will be charged the normal tuition fee.