

WITHDRAWAL NOTICE

Child Care Services

T: 250-**3**0-4880 F: 250**7**30-4888 E: childcare@camosun Xca

Complete and return to Child Care Services

	nrolling parent l P μ Œmylstvsubmit written notice	
] OE o • š Ç } (OE X t] šZ OE Á o •	
u } v š Z v iš Zo Œduction in fees due to early withdrawal. ^Agreement)		
Z]o [• E u	WithdrawalDate(šÁ} u}všZ•- v}š] • }À	
L will be with drowing my shild from		
I will be withdrawing my child from		
InterurbanCentre LansdowneCentre		
If possible, pleasfill our space as early as	DÇ Z]o [• o •š Ç š šZ v š Œ	
DÇ Z]o [• u ŒP .v.ZÇš4µ]\$\$\$;\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	o [• oÇ]•(š ŒDonate to Child Care Services	
EnrollingParent/Guardian Name	ignature Date	
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OFFICE USE ONLY		
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NotifiedCentreOffice	OFFICE USE OINLY
Monthly Fees u } μ ν š μ š } Z]ο Œ ^ Œ À]	• n-djt(ceµgiwen (0E šÁ} u}vš\$ <u>Z•[</u>
Amount Owing to Parent/Payer (if prepaid)	\$
Refunded to:	Date: byVisaMCPV (Cheque)
Deposit (\$250) AppliedRefunded to:	, , ,
Emergency Kit	
DonatedReturned to:	<u>Date</u>