

WITHDRAWAL NOTICE

DATE: _____

This serves as notification that my child _____
will be withdrawing from Room _____. His/Her last day will be _____.

I understand that my deposit can be returned if I have given 30 days notice. I prefer
this return to be:

- _____ applied to tuition
- _____ given by check in full

Received by: _____ (office use)

Date: _____ (office use)

Parent's Signature

EXIT INTERVIEW
NORTH BROADWAY CHILDREN'S CENTER

Please rate on a scale of 1 to 5 the following items for your child's room:
1 = lowest 5 = highest

- Safety _____
- Cleanliness _____
- Curriculum _____
- Loving environment _____
- Communication _____

What was your reason for withdrawal? _____

Would you recommend our center to others? _____

Suggestions/comments: _____

