## Beaufort Children's Centre Notice of Withdrawal

Your	Child's Name:			
Today	y's Date:			
Classroom (please circle):		Hummingbird	Orca	Ladybug
<u>Curre</u>	nt Schedule (please circle):			
Mond	lay Tuesday	Wednesday	Thursday	Friday
Last	day of attendance will be:			
	e note that Notice of Withdra f the month, so that arrangem	_		, •
Reaso	on for withdrawal:			
Paren	t/Guardian Signature:			
<u>Enrol</u>	lment Deposit (please check	<u>√):</u>		
	I would like to use it towards my last month's fees and I will pay the difference.  I would like a refund cheque and I will pick it up from the office.  I would like a refund cheque to be mailed to the address below.  I would like to donate all or part of my enrollment deposit to the centre.  Please indicate donation amount here: \$			
Please	e print NAME and Mailing A	ddress (including postal co	ode):	

Please return this form to the office or leave in locked message box. Thank You!