Learn As You Grow, Inc. Early Education Center Withdrawal Form

I			
((print name)		
will be withdrawing(child/children's	names)	
from Learn As You Grow effectiv	n Learn As You Grow effective(withdrawal date)		
Please accept this as my 2 WEE as required by the ****Please note: This withdraw signed and da	e Child Care Tuit	ion Contract. ot become effective until it is	
Signature of Parent:		Date:	
Street Address:			
City:	State:	Zip:	
Reason:			
Comments or Suggestions:			
For Office Use Only			
Directors Signature:	Date:		
Effective Date of Withdrawal:	Center:		
Child's DOR:	Enrollment Da	to:	