



Rockville Day Care Association, Inc.

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Child Care Withdrawal Form

Today's Date: _____

Name of Child(ren): _____

Please consider this as my 4 week written notice to withdraw my child(ren) from RDCA.

My child(ren)'s last day will be _____
(Date)

Reason for withdrawal (please check one):

- | | |
|-------------------------------------|-------------------------------------|
| _____ moving | _____ change in child care provider |
| _____ attending neighborhood school | _____ change in family situation |
| _____ financial | _____ other (please specify) |

Parent/Guardian Signature/Date

RDCA Representative Signature/Date

RDCA Center

Date Received