



Kids Place 2 Explore & Learn LLC
9371 N. LOWER SACRAMENTO RD STOCKTON CA
95210 Monday-Friday 730am-530pm 209-478-6161
kidsplacestockton@gmail.com

Program Withdrawal Form

Dear Director/Owner

I _____
Parent name

would like to withdraw _____
Child's/children's name

From Kids Place 2 Explore & Learn LLC school effective

Date

The reason for my decision is as follow:

I understand from the parent handbook and admission's agreement that I signed and was given to me at enrollment that in order to withdrawing from the program requires a 1 month's written notice to the director (this withdrawal form meets this requirement). No deposit credit will be issues neither returned in the event notice is less than 1 month's or no notice was given. There are exceptions to this agreement and will be handled per case basis.

Example Exception: a contract was for a specific time such as summer camps.

Comments/feedback:

Parent signature: _____ Date _____

Director signature: _____ Date _____