

Withdrawal from Childcare

I _____ will be withdrawing
(Parent's name)

_____ from the care of
(Child's name)

Infant/Toddler / Preschooler program with HelloKids Childcare Centre as of
_____ (MM/DD/YYYY).

I understand that as per my Parent Agreement I am responsible for providing HelloKids Childcare Centre with at least two full calendar months' notice of withdrawal or payment OR payment of one full month's fees in lieu of such notice.

Signature of Parent/Guardian Date Signed Cheque Made Payable To

Please Print Name

Parent's Current Address City
Postal Code

Staff Signature Date Received

*** We only accept this form after starting your childcare services.**





Licensed Childcare Centre

PROVIDER USE ONLY

Tuition Owed (if less than one full calendar month's notice)

\$ _____

Refund Owed (if prepaid)

\$ _____



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