



DREAMLAND CHILD CARE CENTERS

ENROLLMENT CANCELTION NOTICE

Parent's Name: _____ DATE: _____

Two weeks notice is given for:

Our child(ren): _____

_____	_____
Name	Classroom
_____	_____
Name	Classroom
_____	_____
Name	Classroom

- Enrollment to be terminated permanently – effective _____ (DATE)
- Enrollment to be terminated temporarily and will be returning on: _____ (DATE)

Reason for Leaving:

According to Dreamland Policy, there is a two week written notice policy to leave the center permanently. Clients are required to pay for these two weeks regardless of attendance of their child(ren). In the event that your child(ren) are returning to the center, it is the parent's responsibility to call in advance to ensure space availability for their child(ren).

Parent's Signature Date