Natural Start PRESCHOOL

30-DAY NOTICE OF WITHDRAWAL OR ENROLLMENT MODIFICATION

Child's Name: _____ **Date:** _____

Requested Change (please check one):

☐ **Withdrawal from Program**

- Reason for withdrawal: _____

  _____

  _____

- Final day of attendance: _____

☐ **Enrollment Modification**

- Switching from:

☐ 2-day section (M,W) *Jr. Explorers only*		☐ 2-day section (M,W) *Jr. Explorers only*
☐ 2-day section (T,Th)		☐ 2-day section (T,Th)
☐ 3-day section (M,W,F)	**TO**	☐ 3-day section (M,W,F)
☐ 5-day section (M-F)		☐ 5-day section (M-F)

- Change effective (date): _____

_____ _____

Parent Signature **Date**

_____ _____

Natural Start Preschool Signature **Date**

_____ _____

South Bellevue Community Center Signature **Date Received**