



2-Week Notice/Termination of Care

Today's Date: _____

I would like to submit a 2 week notice to discontinue care for child(ren) named below:

Child's Full name: _____

Child's Full name: _____

Child's Full name: _____

Last day of care will be: _____

(You are responsible for 2 full weeks of tuition per policy handbook)

- I understand that when I pull my child from FLCC, I am responsible for the re-enrollment fee of \$50, in the event that care is reactivated in the future.
- I understand that I am responsible for a two week notice when I discontinue care. I understand that my account will be billed tuition for 2 full weeks after the date of notice, regardless of if my child(ren) attend or not during that 2 week period.

Parent Signature: _____ Date: _____

Director's Signature _____ Date: _____