



Casa dei Bambini

Montessori Children's Center

STUDENT WITHDRAWAL FORM

CHILD'S NAME (LAST, FIRST)

DATE

PARENT/GUARDIAN NAME (PLEASE PRINT)

I hereby give 30-day notice to Casa dei Bambini that my child will be withdrawing from the program at Casa dei Bambini on _____.
Month/Day/Year

I understand that tuition is still due and will continue to make tuition payments to Casa dei Bambini during the 30-day withdrawal period.

PARENT/GUARDIAN SIGNATURE

DATE

Received by:

CASA DEI BAMBINI STAFF

DATE