



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 Montessori Children's Center that my child will be withdrawing from the program on _____.
Month/Day/Year

I/We understand that tuition is still due and I/We will continue to make tuition payments to Casa dei Bambini Montessori Children's Center during the 30-day withdrawal period.

PARENT/GUARDIAN SIGNATURE

DATE

Received by:

CASA DEI BAMBINI STAFF

DATE