

ENROLLMENT CANCELTATION NOTICE

DREAMLAND CHILD CARE CENTERS
MERIDIAN, ID

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

(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