

PARMA CITY SCHOOL DISTRICT
K-4 EDC/5-7 MS CARE PROGRAM WITHDRAWAL FORM

Effective _____ my child _____ will no longer
(date) (name)

be attending the _____AM and/or _____PM childcare program at the following
school _____ .

I understand that I will continue to be charged tuition until this notice is received by the Children's Services Office at Parma City School District's Board Office. I further understand that I am responsible for all tuition not paid at this time.

Parent/Guardian's Name (Printed)

Parent/Guardian's Signature

Date

Street Address

() _____

Home Phone Number

City/Zip

() _____

Work Phone Number