NOTICE OF WITHDRAWAL

Date: _____

Child's Name: _____ D.O.B.:_____/_____/_____
dd mm year

Please consider this my two-week withdrawal notice from _____
Name of Provider

Date Notice was given: _____

Last date for fee subsidy: _____

Reason for withdrawal: _____

<u>Note:</u> You must contact your Eligibility Coordinator if you are interested in transferring fee subsidy for your child to another licensed Child Care Centre in the County of Renfrew. The transfer of your fee subsidy to another licensed Child Care Centre in the County of Renfrew must be <u>pre-approved</u> by County of Renfrew Child Care Services.

Comments:

_____ _____
Parent/Guardian Date

_____ _____
Child Care Provider Date

c: County of Renfrew Child Care Services

Please fax the completed form to the Eligibility Coordinator designated to your Centre:
Fax: (613) 732-4437