

BBHCSD BEEKEEPERS PROGRAM WITHDRAWAL FORM

Effective _____ my child _____ will no longer be
(date) (first & last name)

attending the AM and/or PM childcare program at the following location _____.
(circle one or both)

I understand that I will continue to be charged tuition until this notice is received by the Records Analyst 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

- This serves as a withdrawal notice for our records. If you are looking to change your student's schedule, please write a note, or email your team leader or the records analyst.
- Furthermore, if a student is withdrawn and re-enrolled in the program, an additional \$25.00 fee will be required.