



## STUDENT WITHDRAWAL FORM

I am hereby informing Child Development & Learning Center (CDLC) of the withdrawal of my child:

Child's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Class Days/Time: \_\_\_\_\_ Date of last day student will/did attend: \_\_\_\_\_

I understand that by completely filling out this form and promptly returning/mailing it to the address below, I am officially withdrawing my child from Child Development & Learning Center (CDLC), and that any tuition refund due will be mailed (see handbook for details).

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

Please return to the CDLC office, fax to 952-898-9379, or mail to:

**Child Development & Learning Center**  
**13801 Fairview Drive**  
**Burnsville, MN 55337**

For Office Use Only:

Date Received: \_\_\_\_\_ Refund Due? \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Amount: \_\_\_\_\_

### Exit Survey

So that we may continue to improve, and make informed decisions about CDLC, please take a moment to let us know why you have withdrawn your child.

I am withdrawing my child because:

- ☐ Daycare/Work scheduling conflicts
- ☐ We're moving
- ☐ Cost of tuition/monetary concerns
- ☐ Other: \_\_\_\_\_