

# MAKAKILO BAPTIST CHURCH PRESCHOOL

## NOTICE OF WITHDRAWAL

**STUDENT'S NAME:** \_\_\_\_\_

CLASS: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

---

**According to the Parent Agreement Payment Contract, you signed an agreement for a required minimum of a 30-day written notice of withdrawal.**

**Today's Date:** \_\_\_\_\_

**Child's Last Day:** \_\_\_\_\_

*(You are responsible to pay for one month's tuition from today's date.)*

**Your deposit will be applied to your child's last month of tuition (any balance remaining after tuition is paid will be refunded).**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

---

---

**Office use:**

Received By: \_\_\_\_\_

Date received: \_\_\_\_\_

Deposit applied: \_\_\_\_\_

Deposit Refunded: \_\_\_\_\_

Deposit amount debited from designated fund line item for "Tuition Deposits"? \_\_\_\_\_ initials