



Ripon Children's Learning Center

Enrollment Withdrawal Form

I am withdrawing my child(ren)

from RCLC effective _____.

I understand that I am obligated to provide RCLC with a two weeks notice so that my deposit can be applied to the last two weeks of care. I understand that I am responsible for any and all remaining balances due to my account. If the deposit does not cover the remaining balance due, I will pay the balance in full within seven business days.

Parent/Guardian Signature

Date