

First Step's Withdrawal Form

Child's Information:

First Name: _____ Last Name: _____

Last day of care: Month: _____ Date: _____ Year: _____

Notice period length: _____ Desired return date (if applicable): _____

(Please ask a Director if you should complete a waitlist form if you desire to return at a later date)

Withdrawal Policy:

Any time after the first two week enrollment trial period, if either party wishes to terminate the tuition contract, a "Withdrawal Form" and payment in full whether or not your child attends care is due two weeks prior to the end date to the Executive Director, Cassie Fenstra (cassie@firststepsrochester.com). In the event the client is giving more than two weeks' notice, the notice period's full tuition is not due, only upon the final two weeks of care. Payment will continue to be expected until both this form and payment in full has been received. Any payments not received by First Steps will be presented to our lawyer for collection and late fees apply as stated in First Step's Tuition contract. If First Step's teachers or children are harmed, threatened or safety becomes a concern in any manner, First Steps has the right to ban the person from the facility, give written explanation and two weeks' notice with the same guide lines as stated above. In the event a Director cannot contact a client and the student does not attend care for 3 consecutive days First Steps considers this withdrawal from the program. This form must be completed for each student in care, it may not be a shared form.

Feedback:

One of First Step's many missions to use open communication to provide the absolute best quality of care possible. With this said, we understand we may not be the best fit for every family. Please provide us the opportunity to improve for our future students with any feedback you can think of.

I do not desire to give feedback at this time.

I will send feedback via E-mail to cassie@firststepsrochester.com

Please sign below as confirmation that you fully understand First Step's withdrawal procedure. Your Center Director will confirm process approval with a signature below and return a copy to you for your records.

Primary Parent/Guardian: _____ Date: _____

Secondary Parent/Guardian: _____ Date: _____

Center Director: _____ Date: _____

Ending Care Checklist

Name: _____ End Date: _____ Classroom: _____

Center Director:

Staff Newsletter: _____ Delete: Rotation _____ Enroll List _____ TS Gold _____ Schedule _____ Email _____ Daily Connect _____ Move File: _____ MIIC _____

E-mail Executive Director what the last day of care is going to be _____

-----Cut here-----

Student's Name: _____ **Teacher's Name:** _____ End Date: _____

Pack up and give to DIRECTOR: Clothes _____ Diapers _____ Wipes _____ Cream _____ Cup _____ Toothbrush _____ Blanket _____ Pillow _____ Art _____

Winter Gear/Swim Suit _____ Clean out Medicine Cabinet _____

Good-Bye Note _____ Remove Name labels _____ Bottles _____ Formula _____

Give to completed to Center Director on last day _____