

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

Delete: from Daily Connect ___ MIIC ___ Move File to lower drawer: ___ Allergy kitchen post ___ Enroll List ___ ABC mouse ___

Receive checklist from teacher? ___

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

Name: _____ End Date: _____ Classroom: _____

Enrollment Coordinator: Cassie

Delete: Rotation ___ Schedule ___ Record last day of care ___ Bill 2 weeks ___ Send Year end statement ___ Send feedback request E-mail ___

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

Ending Care Checklist

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 ___ Enrollment file/medical consent form/opening-closing room ___

Good-Bye Note ___ Remove Name labels ___ Bottles ___ Formula ___ Give to completed to Director on last day _____