

WITHDRAWAL NOTICE

Upon deciding to discontinue care, fill out the following form to notify UBCCC. Parents are required to give **4 weeks** advance notice when terminating care. Please submit the completed form to the Administrative Assistant at your center.

I, _____ (parent name), will be withdrawing my child/children, named below from University at Buffalo Child Care Center.

The last day of attendance will be _____ (date).

Child's Name	Classroom	Date of Birth

Reason for withdrawal:

Check (✓) that applies

- I do not want to be put back on the waiting list
- I wish to be placed back on the waiting list for expected start date of _____ (month/year)

Would you recommend UBCCC to another family? YES NO

Parent or Legal Guardian's Signature

Email Address

Date of Submission