

LENOX CHILDREN'S CENTER

9 Old Center Street  
Lenox, Massachusetts 01240

WITHDRAWAL

413-637-0321 - FAX 413-637-2585

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Classroom Infant/Toddler \_\_\_ Toddler \_\_\_ Transition \_\_\_ Pre 1 \_\_\_ Pre 2 \_\_\_

Enrollment, permanent schedule changes and withdrawals are effective on a monthly basis. Please plan so that when changes or withdrawals occur, your child will receive the benefit of a full month of attendance, as a full month of tuition will be billed. Withdrawal notice must be submitted one month in advance. **You are charged a full month of tuition for any month during which your child is at the Center, even if only one day.**

My child has been attending Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ on M T W Th F

Her/His last day at the Center will be \_\_\_\_\_

**Please sign and return to the LCC office.**

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

Are you satisfied with the quality of care that your child(ren) received while at the Lenox Children's Center?

Would you recommend Lenox Children's Center to other parents?

We welcome your comments, positive and negative, both are helpful.