



**Little Warriors Preschool & Child Care**

899 S. Union, Grass Lake, Michigan 49240

(517) 522-5650



**NOTICE OF WITHDRAWAL FORM**

**To be submitted to the office 1 weeks prior to the withdrawal date.**

I am submitting notice of withdrawal of my child/children from Little Warriors Preschool/Child Care.

Child(ren)'s name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The last day my child(ren) will be attending: \_\_\_\_\_

Reason leaving: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature