

Children's Learning Center

905 S. 4th St. • P.O. Box 531 ♦ DeKalb, IL 60115 ♦ (815) 756-3506 ♦ www.clcdaycare.org



NOTICE TO WITHDRAW

Please complete the top portion only and return to the Main Center office. Thank you!

Notice Date _____

The last day of attendance at Children's Learning Center for _____
(child/ren's first and last names)

will be on _____
(date)

Reason for leaving: _____

Parent/Guardian Signature

Written notice must be given at least two weeks prior to withdrawal of child/ren from Children's Learning Center. During that time, 100% of scheduled fees are charged. (Absence policy is not applicable during notice period.) The deposit may be applied to the final bill after all other incurred charges are paid, provided CLC has received two weeks' written notice of withdrawal.

~~~FOR OFFICE USE ONLY~~~

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STATEMENT OF ACCOUNT

Name _____

Statement date _____

Last day of billing _____

Schedule: _____

Two weeks' notice given: YES NO

Previous Balance _____

Amount charged, final month _____

Payments received to date, final month (_____)

Amount of deposit applied to account (_____)

Balance due/(credit)