

Withdrawal Form



Date: ____ / ____ / ____

I _____ will be withdrawing my child/ren

_____ (name/s) from Orchard Buds Early Learning Centre.

With the mandatory two week notice required the last day they will be requiring care is ____ / ____ / ____.

The reason my child is leaving is due to:

I would like to give the following feedback:

Do you consent to us using your feedback on our website and social media?

- Yes
 No

Parent/caregiver signature: _____