



WITHDRAWAL REQUEST FORM

Please submit separate withdrawal forms for each additional child.

School Location: _____

Date: _____

Parent/Guardian Name: _____

Phone #: _____

Email: _____

Child's Name: _____ Child's Class Name: _____

Child's last day: _____

Reason for withdrawal – Please indicate the reason you are withdrawing your child

Aged out of program/attending Kindergarten

Financial Reasons

Moving

Transferring to a different Magical Beginnings location

Child staying home with family/friend

Transferring to a different program (please specify) _____

Dissatisfaction with program (please specify) _____

Other (please specify) _____

WITHDRAWAL/TERMINATION POLICY

Magical Beginnings requires four weeks advance written notice in the event of a child's withdrawal from the program. This advance notice is crucial for us to inform other parents of potential openings and manage enrollment effectively. To initiate the withdrawal process, kindly submit the necessary withdrawal form via email to info@magicalbeginningssl.com. Withdrawals will not be considered confirmed until this form has been submitted and approved.

Additionally, please be aware that families are financially responsible for the corresponding four weeks of tuition during the withdrawal period. Any deposit on account will be applied to your last week's tuition. If the deposit on account does not cover the last week's tuition, you are responsible for paying the balance in full. If a full four weeks' written notice is not provided, you will be billed for each remaining week up to four weeks. Your remaining deposit will be applied and your payment method on file will be processed for the balance due. The balance will be processed with our regular billing cycle (Thursday's), upon receipt of your withdrawal.

This financial obligation ensures the continuity of our commitment to providing quality care and education for all children within the Magical Beginnings community. We appreciate your understanding and cooperation in adhering to this policy.

Parent/Guardian Signature: _____ Date: _____

Please submit this form to info@magicalbeginningssl.com

OFFICE USE ONLY

Withdrawal Approved/Numbers updated

Date Received: _____

Approved by: _____

Date Approved: _____

Notes: _____