

BBHCSD BEEKEEPERS PROGRAM WITHDRAWAL FORM

Effective _____ my child _____ will no longer be
(date) (first & last name)

attending the AM and/or PM (circle one or both) session of the program, due to;

(Please check the box to indicate the reason)

- Work or School Schedule Change
- Found Alternative Care
- Too expensive
- Schedule needs could not be met or Regular Care not needed
- Moving
- Other (Please specify reason): _____

_____.

I understand that I will continue to be charged tuition until this notice is received by the Records Analyst Office. I further understand that I am responsible for all tuition not paid at this time.

_____	_____	_____
Parent/Guardian's Name (printed)	Parent/Guardian's Signature	Date

- This serves as a withdrawal notice for our records. If you are just looking to change your student's schedule, please write a note, or email your team leader or the records analyst.
- Furthermore, if a student is withdrawn and re-enrolled in the program (after 1 school year), an additional \$30.00 fee will be required.