



## CCSC Exit Notice

Deposits are refunded when a minimum of thirty days notice is given. If your child's last day is on or before the 15<sup>th</sup> of the month, you will be billed for the half month. If your child's last day is the 16<sup>th</sup> of the month, or later, you will be billed for the full month.

Child's Name: \_\_\_\_\_ Room: \_\_\_\_\_

Date of Notice: \_\_\_\_\_ Last Day of Attendance: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### Current Address:

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

### Forwarding Address:

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### **Please check one of the boxes below:**

- Please credit my account with the full amount of my deposit.
- Please donate the full amount of my deposit to CCSC's Staff Development Fund.  
Signature: \_\_\_\_\_.
- Please donate \$\_\_\_\_\_ of my deposit to CCSC's Staff Development Fund and credit my account with the remainder. Signature: \_\_\_\_\_

*All donations are tax deductible. Our tax ID number is 94-1704824*

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For office use only:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Billing: \_\_\_\_\_ Amount donated: \_\_\_\_\_ Amount refunded: \_\_\_\_\_