



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

EARLY LEARNING CENTER
FOR RESEARCH & PRACTICE

Notice of Withdrawal

My child, _____, will be leaving the UT Early Learning Center.

The last date for attendance in the program will be _____

My child's classroom: _____

I understand that I am responsible for giving two months' (60 days) notice **OR** for complete payment of two months' fees if appropriate notice (60 days) is not given.

Signature

Print Name

Date

Reason for leaving program/other comments: _____

I would like the opportunity to meet with a program representative to provide feedback about my child's/my experiences at the ELC.

Please return this form in person to the ELC Business Office at 1206 White Avenue at least 60 days prior to your child's withdrawal

Office Use Only

Date Notice Received in Office: _____

Date Processed in EZ-Care: _____

Date Processed in IRIS: _____

Date of Refund (if applicable): _____

Removed from Listserv: _____

Procedures Completed By: _____

Added Exit/Meeting Request to Calendar: _____