

Riverview Christian Early Learning Center

STUDENT WITHDRAWAL FORM

Child(ren)'s Name _____

Last day of attendance _____

___ Please hold tuition on deposit/overpayments for later use.

___ Please donate my tuition on deposit/overpayment for use at RCELC

___ Please donate my tuition on deposit/overpayment to a needy family at RCELC

___ Please refund my tuition on deposit/overpayment

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell/ Work # _____

Signature _____

Date _____

.....
REFUND INFORMATION (office use only)

Tuition amount to refund _____

Amount of outstanding bill _____

TOTAL AMOUNT OF REFUND DUE _____

Completed form is to be put into child's permanent file.

EXIT INTERVIEW FORM

Date of exit interview _____

Name of Child leaving _____

Reason for leaving _____

Strengths of RCELC building _____

Weaknesses of RCELC building _____

Strengths of RCELC staff _____

Weakness of RCELC staff _____

Strengths of RCELC materials _____

Weaknesses of RCELC materials _____

Strengths of RCELC policies & procedures _____

Weaknesses of RCELC policies & procedures _____

What would you change to make RCELC the best center around _____

Parent Signature _____ Date _____