



# EARLY CHILDHOOD EDUCATION CENTER

NEVADA STATE COLLEGE

## Nevada State Early Childhood Education WITHDRAWAL FORM

Today's Date: \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

This is to notify the NS/ECEC that you wish to withdraw your child from the program.

**Effective Date** \_\_\_\_\_

**Reason for Withdrawal** \_\_\_\_\_

You are responsible for any tuition fee balances in your account up to two weeks after this form is signed and dated and received by the an ECEC Administrator. Please see Family Handbook for more information about collections. If you do not have a previous balance, you will not owe any addition money.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature    Date

### ECEC Administrative Staff Only

**Effective Date:** \_\_\_\_\_

**Admin Approval:** \_\_\_\_\_