

First United Methodist Church

715 Diamond Drive Los Alamos, NM 87544 (505) 662-6277 www.firstinyourheart.org The ARK Child Development Center (505) 662-4822

Name of the person completing this form:

Notice of Intent to Disenroll a Student

I/we will be disenrolling my/our child(ren) from ARK Child De school year, effective	·
. I/we understand that my responsibilities for a successful withdr	rawal may include, but are not limited
to,	,
withdrawing from student's classes and reconciling my bill with to payment or refund. All tuition and miscellaneous fees must be pastudent.	•
Parents wishing to cancel the enrollment contract with Ark	Child Development must submit this
disenrollment form to the Head of School no later than 5:00pm	•
Verbal notification is not considered due notice.	,
STUDENT INFORMATION	
Student 1 Full Name:	Current Classroom:
Student 2 Full Name:	
Student 3 Full Name:	
PARENT INFORMATION	
Parent/Guardian 1	
Full Name:	
Address:	
Email:	
Contact Phone Number:	
The student lives at this address (please specify): All the time	Part of the time
Parent/Guardian 2	
Full Name:	
Address:	
Email: Conta	act Phone Number:

The student lives at this address (please specify) $\ \square$ All the time $\ \square$ Part of the time
CONFIRMATION
I/we acknowledge this form is signed by all parties who have signed the Application for Enrollment form.
Signature Parent/Guardian 1: Date:
Signature Parent/Guardian 2: Date:
ARK ADMINISTRATOR:
SIGNATURE:
DATE: