FIRST ENVIRONMENTS EARLY LEARNING CENTER
109 TW Alexander Drive, MD FE-105, RTP, NC 27711

WITHDRAWAL FORM

NOTE: 30 day notice required (minimum)

Date of notification of intent to withdraw: _____
Date you wish to withdraw: _____

Child's name: _____
Parents' name(s) _____
Street Address: _____
_____
Email: _____

Signature / Date: _____

This form also serves as the enrollment deposit refund request

Signature / Date: _____

Comments:

Approved by: _____

Instructions to Parent(s)

- Complete form and return it electronically to Wendi Boggess.
- Wendi will set up a meeting time with parent(s) to review the form and obtain the necessary signatures.

Contact information for Wendi Boggess:
Office Location: FE103 in reception area of FEELC
Telephone: 919-541-4782
Email: Boggess.wendi@epa.gov