



1430 N. MOUNTAIN RD  
HARRISBURG PA 17112  
717-545-3617  
www.linglestownlife.org

## NURSERY SCHOOL WITHDRAWAL NOTICE

Date \_\_\_\_\_  
To: Nancy L. Cartwright, Director  
From: \_\_\_\_\_ (print name)  
Signature: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ This letter serves as my two weeks notice to withdraw my child from Linglestown Christian Nursery School on (date must be two weeks or more from today to avoid additional fees) \_\_\_\_\_.

\_\_\_\_\_ This letter indicates my desire to withdraw my child from Linglestown Christian Nursery School on (date is less than 2 weeks from today) \_\_\_\_\_. I understand that an additional month's tuition will be charged and is enclosed with this notice.

## PARENT EXIT INTERVIEW

Your opinion is important to us and we want to know how you feel. Help us improve our services by taking two minutes to fill out the exit interview.

How many years did he/she attend LCNS? \_\_\_\_\_

Please comment on your child's education while at LCNS: What was the most rewarding experience your child had at the school?

\_\_\_\_\_  
\_\_\_\_\_

What is the reason you withdrew your child?

\_\_\_\_\_  
\_\_\_\_\_

In what ways could the school be improved?

\_\_\_\_\_