



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

NURSERY SCHOOL WITHDRAWAL NOTICE

Date _____
To: Heidi Estep, 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?
