Center for Child and Family Studies

University of California, Davis One Shields avenue Davis, CA 95616

Program Withdrawal Form

Dear CCFS Parent:

If your child is not returning to the program this form needs to be completed and returned to the West House office or your teacher. Please indicate whether you would like him/her to remain in the applicant pool or to be removed. This is very helpful in maintaining an accurate list of interested families. Thank you and we hope your child enjoyed his/her time at the CCFS.

Forms should be returned to the Program Coordinators, Head Teacher or the Administrative Office.

If you have specific questions regarding the programs, please call 752-6737 for Infant or Toddler programs, 752-4150 for Green Room Preschool, or 752-6239 for Red Room Preschool. Questions regarding the applicant pool can be directed to Janet Thompson at 530-754-4000

Child's Name		
Current Program		
Last day child will attend Progran	n	
Remain on applicant pool		
Remove from applicant pool		
If moving, please show new addre	ess, phone number and email	
Reason for withdrawal (optional)		
Parent's Signature	Date	