



Notification of Leaving Form

Swanmore Pre-School's Notification of Leaving Form
Church Road, Swanmore. Hampshire. SO32 2PA
01489 893779 - info@swanmorepreschool.org.uk
Charity Number 801230

You are required to provide us with at least one month's notice of withdrawing your child. If insufficient notice is given you will be responsible for the full fees for your child for one month from the date of notice. Please refer to our terms and conditions for full details.

A final invoice will be issued reflecting the fees chargeable for the remaining period that your child attends - together with any previously invoiced amounts which remain outstanding.

I confirm that _____ *(insert child's name)* will be leaving

[insert name of provider] _____ *(insert date)* and hereby give the

required one month's notice period.

Name of parent/guardian _____

Signed _____ Date _____

Because we are always seeking to develop and improve our services we would be grateful for a response to the questions below. All feedback is treated confidentially and is greatly valued.

1. How long has your child attended our setting? _____ Years _____ Months

2. Which age group does your child attend? 0-2's / 2-3's / 3-5's

3. Why is your child leaving? Cost Starting school Attending another setting

Other _____

4. How would you rate the standard of care and education your child has received? Very good Good Satisfactory Poor

