



# Adventures In Learning, LLC

157 S. Malena Drive, Orange, Ca 92869 • Phone: 714.538.7800

1111 El Camino Real, Tustin, Ca 92780 • Phone: 714.730.5458

Web site address: [AdventuresInLearning.com](http://AdventuresInLearning.com) • E Mail: [ailpreschool@yahoo.com](mailto:ailpreschool@yahoo.com)

## Withdrawal Notice

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Parent or Guardian's Name

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Last day at Adventures In Learning will be (MM/DD/YYYY)

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Child's name

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Classroom

Please state reason for withdrawing:

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Payment in full of all tuition fees owed and for the full term of the two week notice must be included with this form in order to process your withdrawal and close your account. Please call the office if you have any questions.

I hereby certify that I will withdraw my child completely from Adventures In Learning, LLC.

Notice to withdrawal must be in writing on the Withdrawal Notice form provided by the center and submitted at least two weeks prior to withdrawing your child(ren). ALL expects full payment of the 2 week period, regardless of termination date. Refunds will not be given for time not used and credit must be used in services. Your deposit will be applied to your child's final week of attendance upon receipt the Withdrawal Notice form. If you fail to give at least a two week notice in writing you will forfeit your deposit. In addition, if you stop bringing your child without contacting the office, fees will continue to accrue until we are able to verify your child's withdrawal from the program.



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Parent/Guardian Signature

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Date

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FOR OFFICE USE

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Received by

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Date

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Processed by

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Date