Drop Notice

Parent Name:_________________________________________________________________

Child’s Name:______________________________ Age:______________________________

Classroom:_________________________________ Drop Date:________________________

Reason for Drop:_______________________________________________________________
_____________________________________________________________________________

I understand that the center requires a two week drop notice or I will be assessed two weeks of
contracted fees.

______________________________________  __________________________
Parent/Guardian Signature      Today’s Date

______________________________________  _________________________
Center Signature       Today’s Date

DB___ Teacher___ File__
---------------------------------------------------------------------------------------------------------------------

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. Thank you!

How long has your child been enrolled?

1. Please comment on your child’s care while at the center.

2. Please comment on your child’s related daily activities, field trips, parties, and special events.

3. What was the most rewarding experience your child had at the center?

4. In what ways could the center be improved?

_____________________________________

_____________________________________