



# Early Withdrawal

**Grand Island Cooperative Nursery School**

**P.O. Box 608**

**Grand Island, NY 14072**

**(716) 773-3670**

Dear Parent or Guardian,

In order to withdraw your son/daughter from Grand Island Cooperative Nursery School for the remainder of the year, we need you to fill out and sign the form below for our records. This will allow us to place another child in the class. There is a \$50 withdrawal fee (deducted from your returned participation fee) after August 1st. Please complete below and return as soon as possible. Thank you for your promptness.

Sincerely,

GICNS Board

## **To be completed by Parent or Guardian:**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Class: MWF or T/Th

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**Grand Island Cooperative Nursery School**

2100 Whitehaven Rd | Grand Island NY | 14072  
716.773.3670 | GICNS.com