

## **CCSC EXIT NOTICE**

Stanford A minimum 30-DAY exit notice is required for all children. Children exiting CCSC for kindergarten required a 60-DAY notice. A family exiting CCSC between the 1st and the 15th of the month will be billed through the 15th of the

following month. A family exiting between the  $16^{th}$  and the end of the month will be billed for the entire month. An exit notice must be submitted a month before the desired exit date. Exit dates are on the  $15^{th}$  or the last day of the month only.

Child's Name		Classroom	Today's Date
Reason for Leaving		Date of Notice	Last Day of Attendance
		Parent Signature	
Email Address			
(Non-Stanford)			
Current Address		Forwarding Address	
Family Name		Family Name	
Street		Street	
City	State Zip Code	City	State Zip Code
Phone Number		Phone Number	
2000: 504 ( )	(0)		
CCSC is a 501 (c) (3) nonprofit organization. Our income is solely generated through parent tuition and donations from community members and other organizations. You can help us by donating your enrollment			
		lizations. You can neip	o us by donating your enrollment
·	eck one of the boxes below:		
☐ Please credit my account with the full amount of my deposit.			
$\square$ Please donate the full amount of my deposit to CCSC's Staff Development Fund.			
Please donated \$ of my deposit to CCSC's Staff Development Fund and credit my account with the remainder.			
Signature			
All donations are tax deductible. Our tax ID number is 94-1704824.			
For CCSC Administrator Received by:	r Use Unly:	Date Received:	
Amount donated:		Billed by: Amount refunded:	
	1		