8.2 Notification of Leaving Form

Feltwell Playgroup Notification of Leaving Form

Postal address: c/o 36 Long Lane, Feltwell, IP26 4BJ

Phone: 07852 371984

Email: playgroup.feltwell@gmail.com

Charity Number: 1028560

You are required to provide us with at least two weeks' notice of withdrawing your child. If insufficient notice is given you will be responsible for the full fees for your child for two weeks 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 _____ will be leaving Feltwell Playgroup on _____ and hereby give the required two weeks' 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? 0-2s / 2-3s / 3-5s

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