



# CHILD DROP FORM

NC Pre-K Site Name: \_\_\_\_\_ Classroom Name: \_\_\_\_\_

Classroom Teacher's Name: \_\_\_\_\_

Child's First Name

Child's Last Name

Date Child Dropped

Reason Child Dropped (select one):

- Child moved out of county/state
- Child moved to a different Child Care Facility/NC Pre-K Classroom
- Parent no longer can provide transportation
- Parent is dissatisfied with the program. (Explanation required)

\_\_\_\_\_  
\_\_\_\_\_

Other (Please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Teacher/Administrator Signature

Date

## Instructions

- 1) As soon as you receive notification that a child is dropping from your program please complete this form.
- 2) Return form via email to [crodriguez@smartstartrowan.org](mailto:crodriguez@smartstartrowan.org) and [lvillegas@smartstartrowan.org](mailto:lvillegas@smartstartrowan.org).

For SSR use only

Date "Child Drop Form" received: \_\_\_\_\_

(Name of new child)

Date slot filled