



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 lvillegas@smartstartrowan.org

For SSR use only	Date "Child Drop Form" received: _____
_____ (Name of new child)	_____ Date slot filled