



Model withdrawal form.

Complete and return this form only if you wish to cancel the agreement.

I hereby definitively withdraw from the agreement with regard to my child's care.

Name Child:

Signed date digital agreement:

Name Parent/Guardian:

Adress:

Zipcode and city:

Date:

Name Parent/Guardian:

Signature Parent/Guardian:

.....

This form can be sent by email up to 14 days after signing the agreement to kindplanning@kinderrijk.nl.