

**Before Care & After Care**

**Cancellation Form**

Student’s First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services: \_\_\_\_\_\_\_\_\_\_\_ Morning Academy \_\_\_\_\_\_\_\_\_ Extended Learning

Reason for Cancellation (check all that apply):

\_\_\_\_\_\_ Service no longer needed \_\_\_\_\_\_ Not satisfied with quality of the program

\_\_\_\_\_\_ Cost of program \_\_\_\_\_\_ Program hours conflict with my schedule

\_\_\_\_\_\_ Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check the appropriate cancellation option:

\_\_\_\_\_\_ Effective immediately – My child(ren) will no longer attend Morning Academy/Extended Learning starting tomorrow. I understand that I will not be refunded this month’s payment if my child has attended the program for any period of time this month.

\_\_\_\_\_\_ Effective next month – My child(ren)’s last day of Morning Academy/Extended Learning will be the last school day of this month.

By signing below, I acknowledge that:

* I am cancelling Morning Academy and/or Extended Learning services for the rest of the school year starting immediately or next month based on the option chosen above.
* I understand that cancellations after the on-set of a new service month will not result in refunding of fees for that month.
* I understand that a new registration form will need to be submitted to the main campus office by the 16th of the month if I choose re-enroll my child(ren) in the future.

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Parent/Guardian Signature Month/ Day/ Year

Office Use Only:

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_