



After School Cancellation Form

School: _____

Child Name: _____

Parent/Guardian: _____

Cell/Mobile: _____

E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____

PACKAGE PURCHASED

5 days	4 days	3 days	2 days	1 day
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When will your LAST day of service be? _____

Reason for cancelling (optional)

Thanks for giving us the opportunity to serve you and your children.