



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): _____

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.

Parent/Guardian Signature

_____/_____/_____
Month/ Day/ Year

Office Use Only:
Date Received: _____ Received By: _____