

Class Cancellation Form



Today's Date: _____ Email: _____

Parent's Name: _____ Phone number: _____

Child's Name: _____ Class: _____

Have you been satisfied with the services? _____ Yes _____ No

Was the staff helpful and friendly? _____ Yes _____ No

If no, please explain. _____

If any, what improvements would you suggest? _____

Reason for cancellation: (Circle all that apply)

Moving Financial Personal Travel Distance Dissatisfied

Conflict with school/other activities Other (please specify) _____

If dissatisfied, please explain why: _____

Do you have automatic draft: _____ Yes _____ No

I hereby give thirty days written notice that I wish to withdraw my child from his/her class. The last date of attendance will be _____. I understand I will be responsible for the tuition of his/her class for the thirty (30) days. (Annual registrations will be good for one year from the day registration was paid.)

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Staff Follow Up: _____ Date: _____