

CANCELLATION REQUEST

Child's Name: _____ Child Care Site: _____

Parent's Name: _____

Contact Phone Number: _____ Email Address: _____

Cancellation Effective Date: _____ Reason: _____

Requesting: (Please check one) Refund Credit

For refund request please provide mailing address: _____

*Must submit five business days before the start of the new month in person or via email. Verbal notices will **NOT** be accepted. No refunds or credits will be issued once the monthly tuition period has begun. Failure to provide proper notice may result in denial of request and additional fees. **Parents/legal guardians will be notified in writing if a request is not approved.***

For Office Use Only

Date request received: _____ Request received by: _____

Request Processed by: _____ Request Approved/Denied By: _____

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