



## Cancel Class Registration / Stop Payment

**Cancellation of all classes must be submitted to the office by the 15<sup>th</sup> of the month prior to discontinuation.**

Initial \_\_\_\_\_ I understand, failure to cancel by the 15<sup>th</sup> of the month prior will result in being charged the full month tuition regardless of participation.

Initial \_\_\_\_\_ I understand, once I have canceled the enrollment the student will be giving up his/her spot for that time and upon resuming participation it will be based on availability.

Effective Date of cancellation/Stop payment \_\_\_\_\_

Student Name \_\_\_\_\_

Class Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Parent name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Are you on Autopay Yes \_\_\_\_\_ No \_\_\_\_\_

Reason for cancelation \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_