

AFTER SCHOOL CARE Cancellation Form

This form should be submitted (by email, mail, or hand-delivered) to the KCS Office by the 20th of the month prior. Once submitted, the student is cancelled from Monthly After School Care (ASC).

Date: _____ Change to be effective as of: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Student: _____ Grade: _____

Reason for cancellation: _____

I understand that I am cancelling Monthly ASC for the rest of the school year for the student(s) listed above.

I understand that to re-enroll my child(ren) in Monthly ASC, I will need to complete an "After School Care Enrollment" form and submit payment by the 20th of the month prior to starting Monthly ASC.

Parent Signature _____ Date _____

Notes

For Office Use Only

Received:

Initials:

Route to:

Finance Homeroom Teacher

Study Hall Staff: _____

Action Items:

Database ASC Attendance Sheet