

# BEFORE & AFTER CARE PROGRAM

## 2019-2020 Program Cancellation Form

School Name: \_\_\_\_\_

\*ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN ORDER FOR YOUR CANCELLATION TO BE PROCESSED  
 Please refer to the 2019-2020 Before & Aftercare Parent Handbook for cancellation policies. Form must be completed and submitted to Program Director at least 2 weeks prior to effective date.

**Participant Information**

**Primary Parent Guardian:** \_\_\_\_\_

**First** **Last**

**Child/Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**First** **Last**

**Child/Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**First** **Last**

**Program Information**

Program (circle one):      **Before Care**                  **After Care**                  **Camp: Winter and Spring and Summer Break**

**Cancellation**

Reason for Cancellation: ..... Last Day of Care: .....

**Program Feedback**

**Please rate the program in the following areas based off of your experience:**

(Circle a number for each program category; 1 rating represents unsatisfactory, 5 rating represents very satisfied)

Safety and Security	1	2	3	4	5
Communication of Program Information	1	2	3	4	5
Program Organization	1	2	3	4	5
Staff Engagement	1	2	3	4	5
Curriculum	1	2	3	4	5
Communication with Office	1	2	3	4	5
Would you recommend this program to a friend?	Yes				No
Would you sign up for this program again?	Yes				No

Additional comments on program experience: (please give us any additional feedback on the program that you may have)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Entered in EZCare