

BEFORE & AFTER CARE PROGRAM

2018-2019 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 2018-2019 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