

CANCELLATION NOTICE

I wish to notify you of a 'No Charge' Cancellation. I understand that this must be done by Thursday in the week prior to the cancellation

Childs Name: _____

I would like to cancel my child in on the following days/dates:

(Please use inclusive dates only)

Please sign below to confirm that you wish your child to be cancelled and not charged for on these dates:

NB: Only one week in each month and three weeks per term allowed.

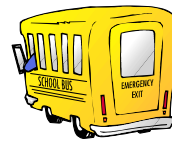
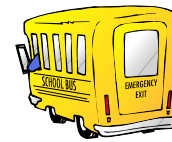
Parent's Signature: _____

Date Applied for: _____ Total No of Days: _____

For Office Use:

Date Entered onto Register: _____ or Invoice Adjusted: _____

Other information: _____



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