



ENROLLMENT CANCELLATION FORM

Parent/Guardian: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

Student 1: _____ Birth Date: _____

Class/Coach: _____

Student 2: _____ Birth Date: _____

Class/Coach: _____

Student 3: _____ Birth Date: _____

Class/Coach: _____

REASON FOR CANCELLATION

- Relocation
- Unable to utilize enough
- Medical
- Pursuing other activities
- Financial
- Scheduling conflict
- Displeasure (please explain below)
- Other (please explain below)

Comments: _____

I hereby resign my child(ren)'s enrollment at Ultimate Kids. I understand that (a) the cancellation date from the class shall be on the first day of the upcoming month after this written cancellation form is received by Ultimate Kids; (b) my child is able to attend class up until the cancellation date; and (c) all fees, tuition, or other amounts due are to be paid in full upon turning in this written cancellation form.

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Date Terminated: _____

Staff: _____ Staff: _____