



## Summer Cancellation Notice

Today's Date: \_\_\_\_\_

Child(ren) Name: \_\_\_\_\_

Week(s) to Cancel: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Are you on automatic payments? YES or NO – **Please note that if you are on automatic payments the cancellation must be received 13 days prior to the week starting.**

\*You must provide this cancellation notice **10 days prior** to the week you need to cancel. This notice must be put in the drop box (located outside the office) or given to the administrative assistant in the office. You may also email your cancellation to [tina.cregier@bgcs.org](mailto:tina.cregier@bgcs.org).



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