



## OCEAN AFTERCARE CANCELLATION/CHANGE NOTICE

Name				Grade
Current Plan	Days	Pick-up Time	Monthly Plan	Phone

### CHANGE OR CANCELLATION

☐ **Cancellation:** Student will no longer attend Ocean Aftercare

Date Effective \_\_\_\_\_ (Notice due by the 20th of the month prior)

Please note: Tuition is billed on a monthly basis. Cancellations/changes will be effective for the next month's billing provided notice is submitted by the 20th of the prior month. Notice received after the 20th of the prior month will result in full tuition being due for that month; and cancellation/change will go into effect for the next month and be reflected on that bill.

Please place this completed form in the Ocean Aftercare lock box at the office, or fax to: Mar Vista Campus: 310-827-2012.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_ RECEIVED BY \_\_\_\_\_ VIA ☐ FAX ☐ Lockbox ☐ OTHER

☐ NEW ☐ RETURN Recorded: ☐ DATABASI ☐ QBOOKS ☐ ATTEND