



Davis Waldorf School
Serving the Children of California's Great Valley

For Office Use Only Child's Last Name: Date Cancellation Rec'd: Last Day of Aftercare:
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Aftercare Cancellation Form

(Please complete a separate cancellation form for each child)

Please Cancel the Aftercare Contract between DWS and _____
(parent(s)/guardian(s)), for _____ (child's name) in grade _____.
The last day of aftercare usage will be _____ (date).

Aftercare Cancellation Forms must be submitted to the office **no less than ten days** prior to the requested cancellation date.

Parent's Signature _____ **Date** _____