

Cancellation of AUTO CREDIT CARD PAYMENTS

Parents name _____

Child name _____

Child name _____

Child name _____

Reason for “dropping”:

I understand that by stopping my Auto Credit Card Payments, any current tuition discounts will also be “dropped” and will no longer be valid upon re-enrollment in the future. I also understand that my child’s space in our desired class(es) may not be available upon re-enrollment. “Dropped” status will be applied to my account after the last class we are currently paid for, any make-ups must be taken BEFORE the “drop” date.

Staff Name _____

Parents Signature _____

Staff Signature _____

Date _____